USAR CREDENTIALING PROCESS EFFECT ON PROVIDER
PARTICIPATION IN MEDICAL READINESS TRAINING
EXERCISES AND DEPLOYMENTS

A thesis presented to the Faculty of the U.S. Army
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degree

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General Studies

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United States Army Reserve (USAR) medical providers make up the majority of medical practitioners in the United States (U.S.) Army. Credentialing is a critical point in the licensed practitioners ability to serve during both war and peace times. The increased demand of Reserve doctors, nurses, and licensed clinicians from the start of Operation Desert Storm to the present creates an urgency to maintain a medical source pool in order to continue the readiness of the force. Current military doctrine dictates how credentialing should be managed however, Host Nation requirements, ambiguity of responsibilities and USAR culture determines the successfulness of this process. The overall purpose of this research is to identify and describe the factors involved in the credentialing process that influence medical providers' level of participation in training and-or deployments and suggest means of improvement. The personal accounts from military personnel directly involved in this process and a doctrinal comparison of sister services permits successful evaluation of this subject.

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The opinions and conclusions expressed herein are those of the student author and do not
necessarily represent the views of the U.S. Army Command and General Staff College or
any other governmental agency. (References to this study should include the foregoing
statement.)

ABSTRACT

USAR CREDENTIALING PROCESS EFFECT ON PROVIDER PARTICIPATION IN MEDICAL READINESS TRAINING EXERCISES AND DEPLOYMENTS, by Major Dominic A. Payne, 81 pages.

United States Army Reserve (USAR) medical providers make up the majority of medical practitioners in the United States (U.S.) Army. Credentialing is a critical point in the licensed practitioners ability to serve during both war and peace times. The increased demand of Reserve doctors, nurses, and licensed clinicians from the start of Operation Desert Storm to the present creates an urgency to maintain a medical source pool in order to continue the readiness of the force. Current military doctrine dictates how credentialing should be managed however, Host Nation requirements, ambiguity of responsibilities and USAR culture determines the successfulness of this process. The overall purpose of this research is to identify and describe the factors involved in the credentialing process that influence medical providers' level of participation in training and-or deployments and suggest means of improvement. The personal accounts from military personnel directly involved in this process and a doctrinal comparison of sister services permits successful evaluation of this subject.

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ACRONYMS

AA	Active Army
CCQAS	Centralized Credentials Quality Assurance System
DOD	Department of Defense
DoD	Department of Defense (Regulations, Instructions, Directives)
ICTB	Inter-Facility Credentialing Transfer Brief
MEDRETE	Medical Readiness Training Exercise
PCF	Provider Credential File
U.S.	United States
USAR	United States Army Reserve

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CHAPTER 1

INTRODUCTION

The medical community operates around a process that confirms licensed

providers are qualified to do their job. This verification is the credentialing process. The

importance of credentialing does not change when referencing Army medical personnel

and even more so when considering the United States Army Reserve (USAR) provider.

The credentialing process, however, is very detailed and sometimes complex determining

on an individual's field of specialty. USAR providers (see table 1) often experience a

preponderance of this process during pre-deployment or Medical Readiness Training

Exercise (MEDRETE) preparation. This is expressed in the following email

correspondence from the United States Army Reserve Professional Management

Command to a unit-credentialing manager:

> I just wanted to let you know that we have created a file on MAJ XXXXXXX
> XXXXXX on 2/18, but we need a lot of documents. Please contact her and have
> her turn in the following documents to us ASAP: Consent, LOR, PSV_Privileges,
> Privileges, Malpractice, NPDB, CV, Continuing education from the last three
> years, FedDEA, BLS [Basic Life Support], BoardCert, StateLic, Additional_Edu,
> Education, APMC_Form_12, Demographic_Form. I have enclosed some of the
> forms for your convenience. Please have her call APMC's File room and speak to
> Ms. XXXXXXX @ xxx-xxx-xxxx. We need those documents ASAP. If you have
> any questions, please let me know.
>
> FYI, I have signed and submitted ICTBs for XXXXX, XXXXX, and XXXXXX
> so far! (Excerpt from author's email)

This research study investigates the ways that the credentialing or privileging

process affects providers in the USAR. Furthermore, it will investigate the correlation of

these effects on USAR providers' participation in medical training events.

Table 1. AMEDD Areas of Concentration, Military Occupational
Specialty that Require Credentialing

1.	Advanced Practice Registered Nurse (APRN)
2.	Certified Nurse Midwife, CNM (66H8D)
3.	Certified Registered Nurse Anesthetists, CRNA (66F)
4.	Clinical Nurse Specialist, CNS (66H7T)
5.	Nurse Practitioner, NP (to include family, adult, pediatric, women's health care, acute care, geriatric, emergency, and so forth. (66P)
6.	Audiologist (72C)
7.	Clinical pharmacist (67E)
8.	Clinical psychologist (73B)
9.	Clinical social worker (73A)
10.	Dietitian (65C)*
11.	Occupational Therapist (65A)
12.	Optometrist (67F)
13.	Physician (see 60, 61, and 62 series)
14.	Physician Assistant, PA (65D)
15.	Physical Therapist, PT (65B)
16.	Podiatrist (67G)
17.	60, 61 and 62 series—Physicians
18.	63 series—Dentists
19.	64 series—Veterinary
20.	65 series—Specialist Corp (65D Physician Assistant)
21.	66 series—Nurse Corp (66P Nurse Practitioner)
22.	67, 70, 71, 72, and 73 series—Medical Service Corp (67E Pharmacist, 67G Podiatrist, 73B Clinical Psychology)
23.	Licensed Practical Nurse (68C) Enlisted

Source: Created by author.

Thesis Question

The primary research question for this thesis is, "Does the current USAR credentialing process affect medical specialty participation in medical readiness training exercises?" Throughout the research process, the secondary question, "What are the challenges or issues USAR providers have with the current credentialing process?" and the tertiary question, "Do other reserve services medical credentialing processes offer advantages that improve exercise participation?" will be reviewed and answered. Addressing these questions will help formulate an accurate conclusion to this research.

Background

"Reductions in the active force have made the reserve components even more essential to meeting the Nation's needs across the full spectrum of operations, from disaster relief to war" (Winstead 1999). As the Department of Defense (DOD) continues its transformation to a capabilities-based model, the USAR forces work at both training and readiness to ensure alignment with the Active components efforts. In order to do this, the Army designed Overseas Deployment Training (ODTs) exercises. ODTs are USAR and National Guard lead training events focused on both training and readiness as it attributes to the full spectrum of operations and the role they play in Joint operations (AR 350-10). MEDRETE are a significant component of ODT events. The humanitarian efforts are expressed in the form of medical education and care for both population and host-nation (HN) medical professionals. This is accomplished through close partnership with the host nation's Ministry of Health as well as their designated defense system.

Overseas Deployment Training is significant to the thesis problem statement in its demand on USAR medical personnel. The USAR consists of approximately 70 percent of

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the medical capabilities in the Army force (Demma 1998). With that come thousands of medical providers with the duty of providing care to the operational force and any host or partner nation personnel. Since the beginning of the War on Terrorism, these Reservists increasingly deploy in support of the war, multiple security operations, and-or humanitarian efforts. This, however, often equates to multiple deployments that in turn consists of numerous pre-deployment requirements, some of which are redundant efforts that providers are subject to complete. Credentialing is the critical requirement that all medically licensed personnel must achieve and is often routine, yet for Reserve Soldiers express challenge.

Unlike the Active Army (AA), be it by design or culture, Reservists have the ability to refuse participation in ODTs, MEDRETEs and often deployments. As long as military service is voluntary, especially in the reserves, it will remain critical that providers want to serve. When this participation is threatened, it is a concern of the Army Medical Department and the DOD.

Credentialing is commonplace for all licensed medical professionals. Reservists have to contend with this on both the civilian and military side. Anthony Centores of civilian operated Thriveworks Credentialing Service identifies provider credentialing as a provider's number one challenge (Centore 2013). The military requirement currently involves several redundancies that demand additional time to complete but possibly more importantly, introduces an increase in the compromise of information. Even though medical credentials are generally matters of public record, with the increased publicity of identity-theft, the surrendering of these documents to foreign agencies has caused some concern among providers, which leads to the primary question of this thesis.

Assumptions

There are four assumptions accepted in this paper. The first one is the credentialing process for Army Reservists, both program and process, will continue in accordance with (IAW) prescribed Army doctrine Army Regulation (AR) 40-68. Credentialing is the primary means to validate a medical provider's ability, professionally and legally, to practice medicine. This is true for both military and civilian employment. This method reviews the completed education, experience, compliance with state and local laws, a history of violations, or any pending unfavorable actions of providers. Specifically for the reservist, this will include civilian privileges and peer letters. Even though there may be non-doctrinal methods to complete the credentialing of providers varying by unit, the foundation of this process is the program outlined in AR 40-68 and managed through the Centralized Credentials Quality Assurance System (CCQAS) (see figure 1). "CCQAS is a Web-based worldwide credentialing, privileging, risk management, and adverse actions application that supports medical personnel readiness" (CCQAS 2.10 User Guide 2012). CCQAS is used and managed by all United States Armed Services to include their reserve forces. This is important when considering the additional requirements the reserve provider is subject to in order to participate in ODTs, MEDRETEs or Innovated Readiness Training (IRT) events that are similar to MEDRETEs but performed within the Continental United States (CONUS). Therefore, it is assumed that AR 40-68 and CCQAS is the foundation of requirements. However, the analysis conducted in this research paper will utilize additional credentialing requirements, which are mission or area of operation specific.
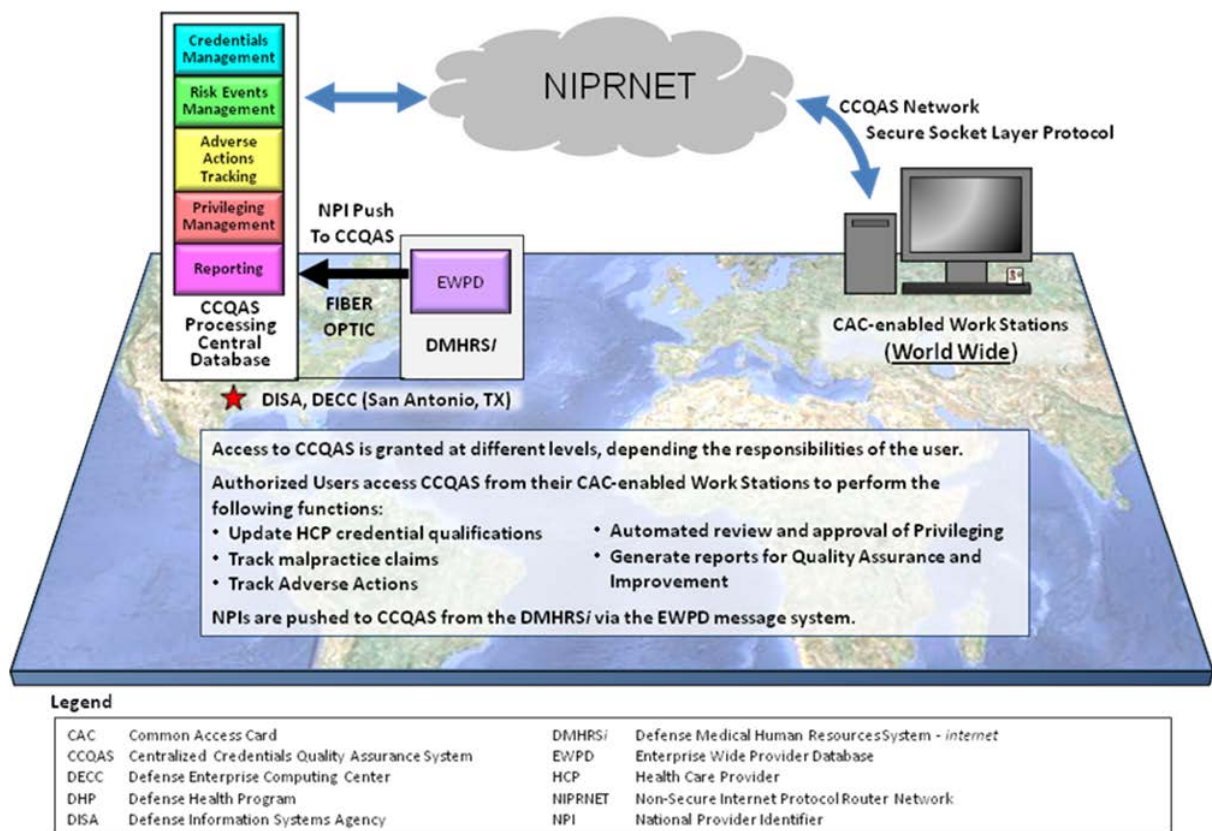
Figure 1.   CCQAS Network Operations

Source: CCQAS 2.10 User Guide, 2012.

The second assumption concerns provider's eligibility to participate in an exercise. More than credentialing allows a medical provider to participate in training exercises or deployments. The two primary limitations are medical readiness and compliance IAW AR 350-1; the Army Training and Leader Development guide. Legal issues such as malpractice cases also pose as a factor that will keep licensed medical personnel from being able to be credentialed which subsequently equates to an inability to participate as a provider in any of the described training events or deployments. It is unknown if the subjects of this research are not or have not experienced any compliance

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issues, but unless willingly divulged during the interview process it is assumed that they have not. Bias management is also observed in order to address any effects that they may have on the research.

The third assumption is that there will be biases within this research that require mitigation. As stated above, the risk of bias in subjects may come from factors that do not directly relate to the thesis problem. There are also the biases that exist within Soldiers of various levels of involvement in either credential management, mission planning, and other various layers of participation. Bias management is a major part of all research and the validity of the product weighs greatly on the success of these efforts.

The fourth and final assumption concerns the limits of the reserve provider in reference to when they will or will not participate in training. In order for this research to be feasible it must be assumed that the subjects of this research, specifically the medical providers, have a threshold that if exceeded will affect their willingness to participate in ODT missions. With the multiple factors that Reservists must contend with, mainly their civilian employment or in the case of some doctors, their private practices, it must be assumed that there is a limit on the number of challenges or issues that they will work within before deciding against participation. This point may vary depending on personal or professional situation. Defining and examining these thresholds are essential in the contribution of substance to this research project.

Definitions

Army Medical Department (also know as AMEDD): The Army Medical Department is the U.S. Army's healthcare organization (not a U.S. Army Command). It is found in all three branches of the Army: the Active Army, the U.S. Army Reserve, and

the Army National Guard; It's comprised of the Army's six medical Special Branches (or "Corps") of officers and its enlisted medical soldiers (Department of the Army 2004).

Army Medical Department—Professional Management Command (APMC): The Army Medical Department APMC provides centralized management of medical professionals to improve readiness, retention, and recruitment of Army Reserve critical medical personnel (Department of the Army 2004).

Army Reserve Clinical Credentialing Affairs: Manages credentials for the USAR—except for those managed by United States Army Human Resources Command-St. Louis (Inactive Ready Reserve providers) and those managed by the Active Army Medical Treatment Facility (Individual Mobilized Augmentation providers) (Department of the Army 2004).

Centralized Credentials Quality Assurance System (CCQAS): The DOD database maintained by each Military Treatment Facility that assists the credentials manager with control of credentials, managing the credentialing—privileging processes, reports, letter generation, preparing provider PCS paperwork and the Inter-Facility Credentialing Transfer Brief (ICTB) (Department of the Army 2004).

Credentialing: The process of obtaining, assessing, and verifying the qualifications of a health care provider to render beneficiary care (service) in or for a health care organization (Department of the Army 2004).

Health Care Provider (HCP): Military (AA/USAR/Army National Guard) and civilian (GS and those working under contractual or similar arrangement) personnel granted privileges to diagnose, initiate, alter, or terminate health care treatment regimens

within the scope of his-her license, certification, or registration (Department of the Army 2004).

Medical Readiness Training Exercise (MEDRETE): A training exercise that supports humanitarian and civic assistance operations to enhance U.S. and Central American relations and support medical training with host nation military forces, as well as government and civilian organizations. It provides a real opportunity for deployed units to gain readiness experience, as well as medical and surgical skills training while providing host nation health education, disease prevention training and personal and professional exchanges (Department of the Army 2004).

Overseas Deployment Training (ODT): A training platform that allows Reserve Component (RC) units an opportunity to conduct unit-based collective METL training Outside Continental United States, enhance RC unit readiness, while fulfilling an Army Service Component Capability (ASCC) capability requirement (Department of the Army 2004).

Provider Credential File (PCF): A six-part folder maintained in the Credentials Office that holds medical provider application, evaluations, malpractice, continuing medical education, Certificates, license etc. (Department of the Army 2004).

Provider Credentialing File Manager (PCFM): Ensures that the PCF is current and complete and will initiate privileging actions by transmitting an ICTB with attachments to the gaining facility or by preparing the PCF for review by the local credentials committee (Department of the Army 2004).

<center>Scope</center>

This research focuses on USAR medical providers, the factor of credentialing, and its effect on participation in deployments and-or training exercises. Though there might be other means of researching this topic, historical accounts, doctorial review, and interviews will be used. The data will cover the span of December 2001, the start of Operation Enduring Freedom, until the present day 2016. It is during this period that there is increased reserve demand, which provides the necessary database to generate accurate conclusions. The examination of other services credentialing processes will be included in the research only as a means of comparison to the USAR process and not as a point of analysis.

The words credentialing and privileging, in this study, are applied interchangeably even though they have a distinct difference in meaning.

> Credentialing is the process of obtaining, assessing, and verifying the qualifications of a health care provider to render beneficiary care/service in or for a health care organization . . . privileging is the process whereby the privileging authority, upon recommendation from the credentials committee, grants to individuals the authority and responsibility for making independent decisions to diagnosis, initiate, alter, or terminate a regimen of medical or dental care is the process whereby a specific scope and content of a patient care services (that is clinical privileges) are authorized for a healthcare practitioner by a health care organization. (Department of the Army 2004)

Because of the commonality of use and understanding of these two words and concepts within the medical community, it is important to recognize and define this now to ensure clarity when comparing other definitions of these two words during data analysis.

<center>Limitations</center>

The conception of this research topic stemmed from personal experiences by the primary researcher. The direction of the research extends to the limitations of the

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researcher's ability to overcome biases and gain insight as well as non-prejudicial focus throughout research proceedings. An exploration of multiple sources of information ensures the meeting of ethical bound of this thesis yet there too is limitation.

There is very little research or discussion concerning the relationship between credentialing and ODT participation. The reliance on doctrine to highlight what should take place within this process was crucial in determining what the standard should resemble. However, it does not address what units are doing differently to presumably achieve the same desired end-state. Diligent attempts to bridge this gap of information through interviews occurred yet the limitations of personal accounts require notation as good research practice.

Lastly, there is the limitation of time. The confines of the 10 month span of the Command General and Staff Officers Course (CGSOC) limits the extent of this research. Time applies limits on the ability to interview, for sake of comparison and increased validity, other Reserve branch providers and credentialing program directors. Furthermore, time limits the number of interviews conducted. Working within the timeline of both the schoolhouse and the interviewees, response, data collection, and analysis are limited to their availability and response time. Every effort however, will be made to capture the maximum allowed data to support the validity of the overall research.

<u>Delimitations</u>

The focus of this paper is on the USAR medical professional population. More specifically, it focuses on the medical providers that require licensure credential validation in order to perform their military duties. This excludes 68Ws, Medical Specialist, and other non-licensed Military Occupational Specialties. Additionally, this

paper will discuss the designated providers in relation to their participation in Overseas Deployment Training events, Innovated Readiness Training, and pre-deployment operations. Because the processes may vary in provider credentialing, as well as their purpose for participation, Annual Training located at Military Treatment Facilities or home-station will not be discussed. Lastly, the information both obtained and published will be unclassified. It is acknowledged that FOUO data might exist that would possibly add support to the statistical stance of this paper. However, the significance of including such information is currently viewed as unnecessary or inappropriate for the validity of this research thesis.

Significance of the Study

The medical professionals of the Army Reserve are a critical element of the U.S. armed forces. The USAR consists of approximately 70 percent of the medical capabilities in the Army force (Abdullah 2013). Within this percentage are thousands of medical providers. In order to continue to meet the operational demands of the Army and the DOD, a readily available source pool must exist (see figure 2). This research topic will help bridge the gap between medical provider participation and non-participation in training exercises, humanitarian efforts, and possibly even deployments. It will help distinguish between factors that are endemic to the Army Medical Department culture and those directly affiliated with doctrinal practices and further, as to how this translates to provider satisfaction. Because credentialing is a constant in the medical community and one that has a direct effect on authorization to perform in the provider capacity, it seems both logical and fitting that this topic base acts as the platform to address associated challenges.

There are basic requirements needed to ensure medical providers are available to support: (1) the appropriate credentials and (2) the willingness to serve. As long as military service is voluntary, especially in the reserves, it will remain critical that providers want to serve. Jeopardized service due to a failure of considering what makes medical professionals want to remain active in military operations, a decrease in volunteers, and an increase the attrition rate will come about either through resignation or refusal to extend beyond initial obligation. This research topic is a tool that brings clarity to the current situation and offers possible solutions to existing problems in the participation of providers as it relates to credentialing.
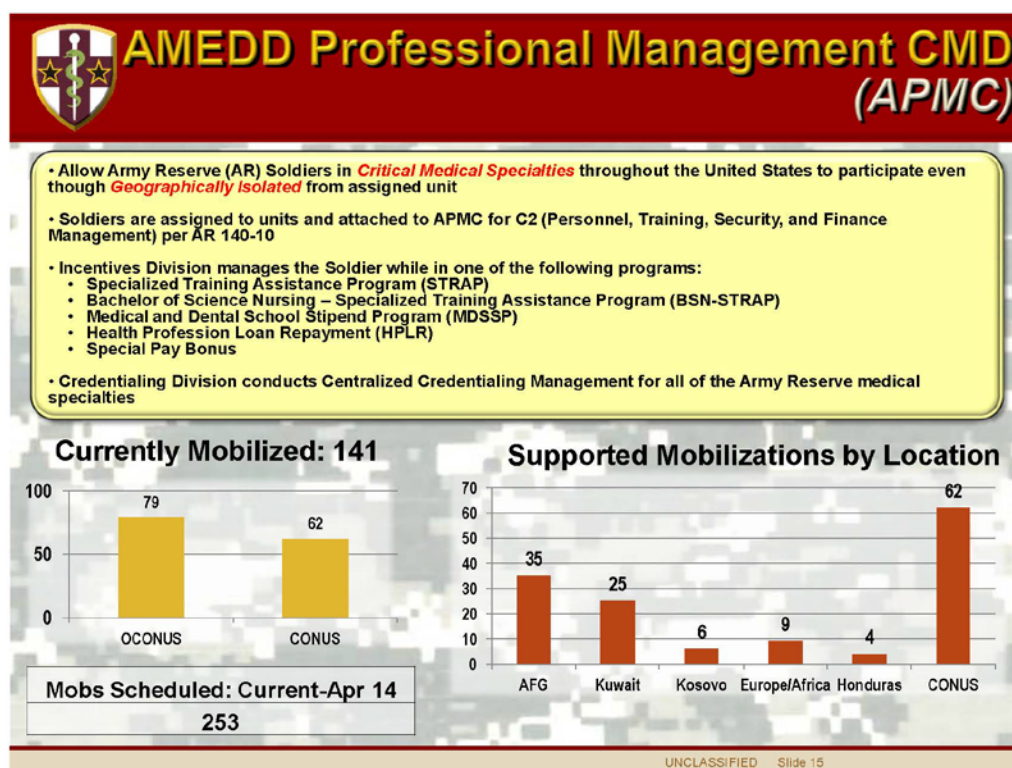
Figure 2.   AMEDD Professional Management Command

Source: AMEDD Professional Management Command Brief, 2014 (Distributed by APMC to research author).

Summary of Chapter

In summary, the foundation of this research study is focused on answering the primary question: Does the credentialing process effect USAR medical practitioners' participation in MEDRETEs and deployments. The effects and relationships within this study, through the examination of Overseas Deployment Training requirements, provide a general background of the application of the credentialing process for USAR Soldiers. To provide clarity as to the direction of this research, five important shaping areas had to be discussed: the assumptions, definitions, scope of research, limitations, and delimitations. These areas provide the necessary foundation to build the significance of this thesis study, which is the fact that there is an increasing demand for USAR practitioners therefore anything to help both gain and maintain these Soldiers in the force pool, is of great importance.

CHAPTER 2

THE REVIEW OF LITERATURE

Overview

This chapter provides the viewpoints examined to determine the direction of answering the primary research question: Does the credentialing process effect USAR provider participation in MEDRETE and deployments? Concurrently, it will help add clarity to answering the secondary and tertiary questions dealing with the challenges USAR practitioners face during the credentialing process and the possibilities, within other services, of improved practices that could be applied to USAR procedures. The topics in this chapter will demonstrate how these questions, through the selected material, help to develop, refine and focus the basis of understanding of this research.

Literature Review

In order to establish the "school of thought" for this thesis, an examination of a collection of contributing elements linked to the USAR credentialing process: Doctrine, Web Messaging, and Unit Interface, is required and will be highlighted in this chapter. The focus of each of these sub-sections is aimed at demonstrating their relationship to the two primary aspects of the thesis: USAR Provider Credentialing and Provider participation. There will also be a review of the relevance that exists within each of these elements; additional, as it pertains to answering the secondary or tertiary questions: "What are the USAR credentialing challenges?" and "Does USAR sister-services privileging process hold any advantages?" The first section covers the doctrine that exists with a deliberate focus on the differences and similarities of sister services process(s).

The second section will compare and contrast the web messaging or tools used by each service to establish or maintain the credentialing status of provider. Lastly, a look at the unit level interface that exists between providers and the supporting or supported agencies will be discussed. All of these areas lend support in drawing logical conclusions as to both the concern and necessity of the examination of this research topic.

<u>Doctrine</u>

Three doctrinal publications outline the reserve process for the Army, Navy, and Air Force. The first of these documents, the Army Regulation 40-68 (AR 40-68) Medical Service Clinical Quality Management, outlines the process including the roles and responsibilities of those subject to credentialing. AR 40-68 section 9-8 outlines the USAR/Army National Guard privileging procedures. It is here that the unit level privileging responsibilities are outlined. Key points are that unit-level privileging is based on mission and/or medical tasking and the extent of privileges may differ depending on the mission. More significantly, however, is the requirement of USAR medical units to generate an ICTB, which consists of the required credentialing documentation, the scope of practice and the location in which the provider will be performing their duties. "A current ICTB and other supporting documentation are required for each period of Annual Training, Active Duty for Training, or IDT [inactive duty training] except in situations where USAR/Army National Guard provider training occurs at the same AA facility, and his/her clinical scope of practice remains the same" (AR 40-68 2004, 68). Therefore, the USAR provider must generate this packet yearly per doctrine requirement. These packets consists of at a minimum the following: (1) Personnel data Sheet, (2) Professional license and PSV, (3) Curriculum vitae (CV) or resume, (4) Diploma, (5) Qualifying degree

official transcript, (6) Continuing medical or health education and, (7) Malpractice insurance coverage and PSV (Department of the Army 2004, 45). It goes on to explain how the routing of these documentations will vary depending on Reserve commitment type. For example, Troop Program Unit provider's documentation simply goes to the unit of assignment, which differs in comparison to an Individual Ready Reserves or Individual Mobilization Augmentee doctors whose credentialing packet goes to the commander of the Human Resources Command (Department of the Army 2004, 46).

The Air Force and Navy share similar doctrine to the Army. The Naval equivalent to AR 40-68 is the Department of the Navy (DON) Bureau of Medicine and Surgery (BUMED) Instruction 6010.30. This publication outlines the roles and responsibilities of the various agencies within the Navy that manages provider credentialing. Overall, it is the DON Centralized Credentials and Privileging Department (CCPD) that has primary oversight of all provider credentials, which differs from the Army system in two distinctive areas: (1) The Privileging authority for Navy Reserve Practitioners and (2) The level of delegation of authority. The reserve privileging authority is the Deputy Chief, BUMED M-3. However, when appropriate it is possible to delegate this authority further down to the Assistant Deputy Chief, BUMED-M3 (Department of the Navy 2015). Army doctrine authorizes credentialing authority down to the Military Treatment Facility or Unit Commander level depending on the type of mission.

The Air Force credentialing component is the Air Force Centralized Credentials Verification Office (AFCCVO). It follows the guidelines outlined in Department of Defense (DoD) 6025.13. The significant difference in the Air Force Reserve Credentialing program is the website that they developed.

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Webpage Messaging

In comparison to the Army webpage, the Air Force's display appears to be more "user friendly" for the Reserve provider by providing a section specifically for Reservists (see table 1 and figures 4 and 5). Furthermore, there is a constant mention of the provider's responsibility to manage and maintain the currency of their PCF in both Air Force regulations and within the unit managerial sections. Besides a focus on provider responsibility however, there is also an expressed understanding of the potential complexity of the process. For example, Travis Air Force Base Credentialing agency states on their webpage: "The credentialing/Privileging Process can be very frustrating at times. Hopefully, the information we have provided will help you to understand our process. We are committed to making this process a pleasant experience. If you have any questions, please do not hesitate to contact us. Our staff is here to serve you." Not only does this acknowledge possible challenges in completing the process, it also provides a sense of individuality in managing the process.

A Naval equivalent website was not located during researcher inquiries however; the Naval Military Treatment Facilities had individual webpages that addressed the credentialing and privileging process (see figure 6). Similar to the Air Forces' theme, the naval websites accentuates the importance of provider responsibility to ensure their PCF is current. Another similarity of significance is that these sites have a section specifically for Reservists, which provides direction and efficiency to the process.

Figure 3.   U.S. Army Medical Department Office of Quality Management Website

Source: U.S. Army Medical Department Office of Quality Management, Office of Quality Management Web Site, accessed 14 September 2015, https://qmo.amedd.army.mil/.
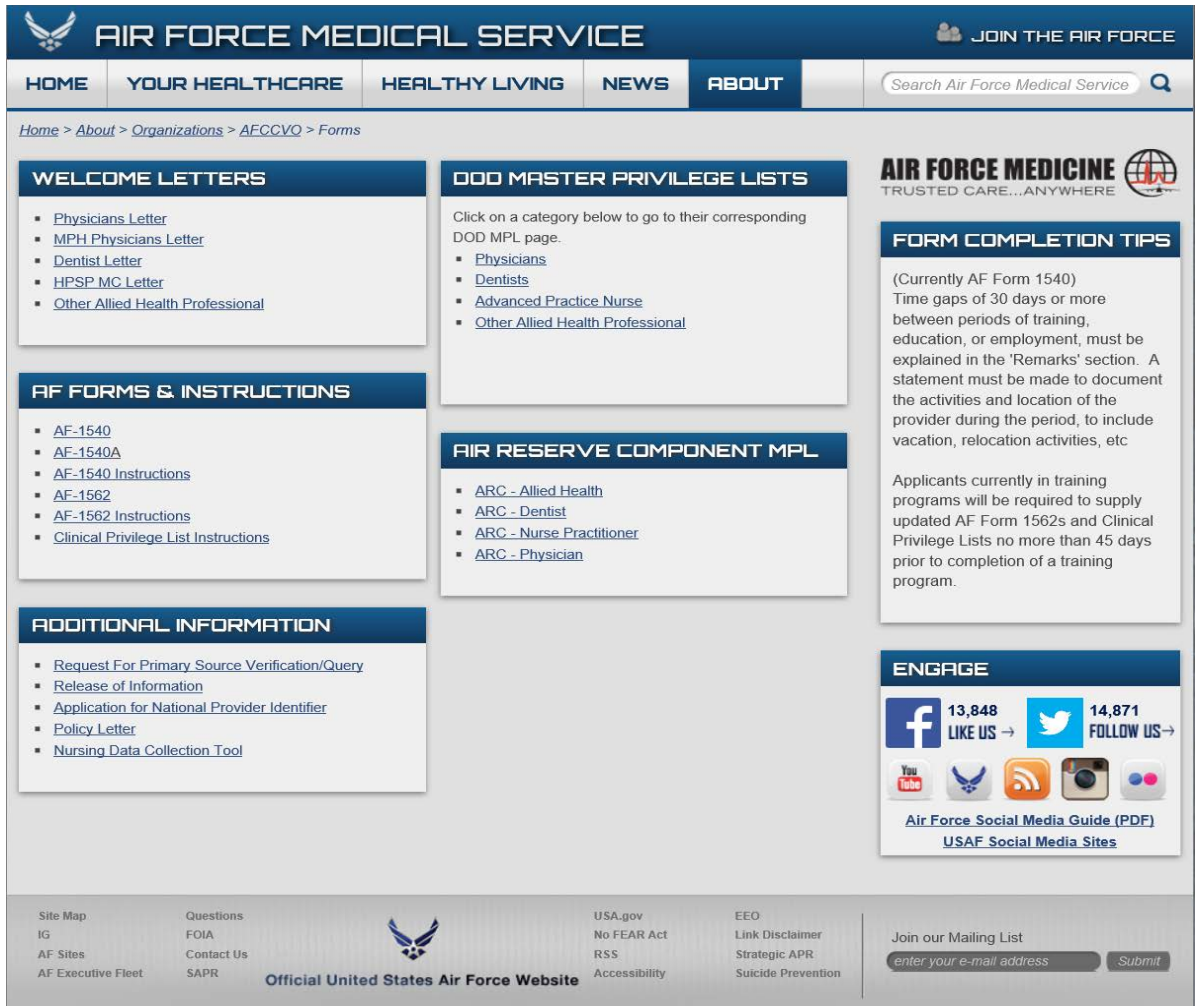
Figure 4.   U.S. Air Force Medical Service Website

Source: U.S. Air Force Medical Service, web site, accessed September 14, 2015, http://www.airforcemedicine.af.mil/AFCCVO.

Figure 5.   USN Hospital Guam Medical Staff Services Department Website

Source: U.S. Navy Hospital–Guam web site, accessed September 14, 2015,
http://www.med.navy.mil/sites/usnhguam/Staff/Pages/Credentials.aspx.

Unit Interface

Even though there is a higher level of credential management, the closest to user

level management, other than individual responsibilities, is at the unit. Unit SOPs provide

guidance to providers on how they are to prepare for training and who will assist them in

doing so. The information they provide allows unit managers to populate or update the

CCQAS, which is one of the tools used by higher commands to determine provider

competencies (Kimes 2002). It is here that the interface of customer and supporter takes place. The efficiency of this relationship translates in the production of the ICTB. Accuracy and timely submission of the ICTB contributes to the eligibility to participate in MEDRETEs and other Outside Continental United States training events, because it further allows APMC to verify the proper qualifications requested for any particular mission. The unit credentialing managers is therefore key to the process of mission readiness as it is through them that the secondary responsibility of tracking PCFs exits due to their relationship with both APMC and the provider.

Combatant Commands assigned to MEDRETEs management, facilitates the credentialing process between host nation's Ministry of Health and the local embassies. In order to streamline this process, the affiliated Combatant Commands brief and provide tools (see figure 7) that assist medical planners prepare their participating providers i.e. get privileged, to provide healthcare in the HNs country. This is instrumental to the success of the assigned reserve unit.
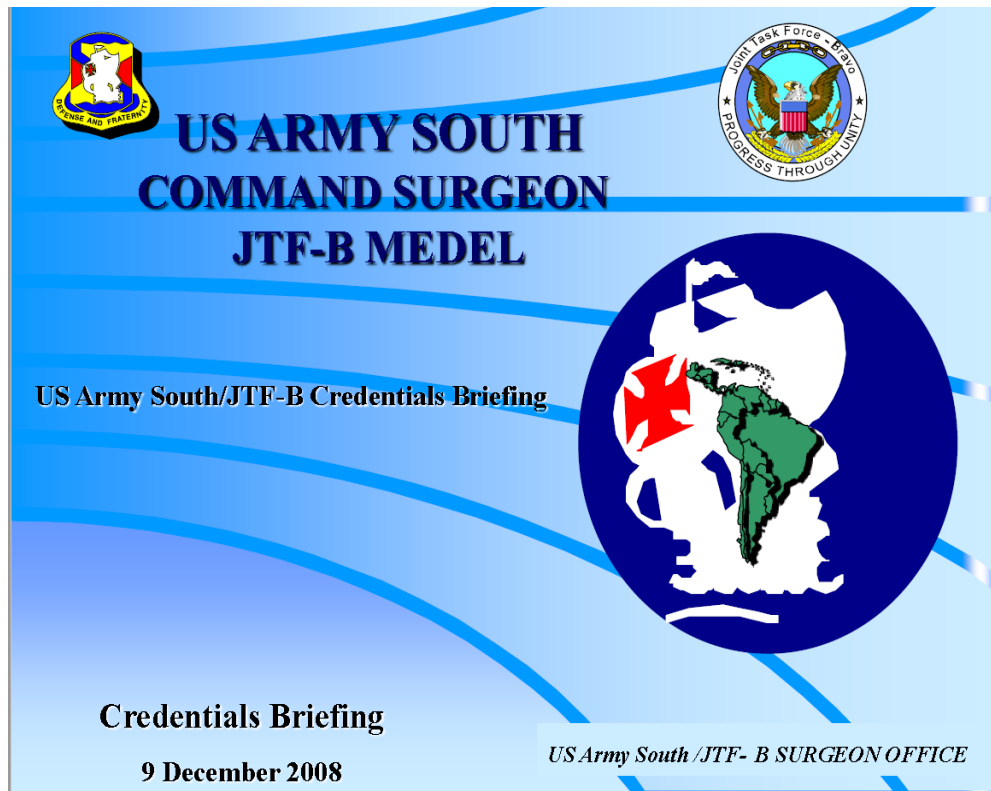
Figure 6.   U.S. Army South—JTF-B Credentialing Brief

Source: U.S. Army South Command Surgeon JTF-B MEDEL (Credentialing Brief, December 9, 2008).

<u>Summary of Chapter</u>

The limited research available on the topic of credentialing as it relates to USAR provider participation, directs this research towards doctrinal guidance for an in depth understanding of the core situation. Through doctrinal review, it is demonstrated how DoD 6025.13 dictates USAR credentialing management. However, with further examination the separate approaches to executing this process varies as is seen in the differences in webpages among the services and the personal approach to accomplishing the process.

Lastly, the area that provides the most influential factors outside of provider responsibility is the unit. The unit's responsibility, as outlined in AR 40-68, requires that credentialing managers and commanders maintain direct involvement with APMC and the status of provider credentialing files, which includes reviewing them with providers. It is the critical interface between APMC and provider that the unit credentialing managers facilitates, which allows accurate reporting of provider readiness as generated within CCQAS and ICTB mission validation. This process is further facilitated by the Combatant Command liaison with the HN and Reserve unit on the credentialing requirements in order to make the mission successful.

CHAPTER 3

RESEARCH METHODOLOGY

Overview

Chapter 2 established the areas of concern that have an effect on the bases of this research study. The assessment of doctrine, web messaging, and unit interface will help determine how they contribute answering the questions:

1. Does the current USAR credentialing process affect medical specialty participation in medical readiness training exercises?

2. What are the challenges or issue USAR providers have with the current credentialing process?

3. Do other reserve services medical credentialing processes offer advantages that improve exercise participation?

This chapter will describe the methodology used to review and develop conclusions based on the results of the examination. It is through these research techniques that the answers to the credentialing effects on USAR practitioner participation, effectiveness of the credentialing process, and possibilities of improvement will be discovered.

Research Method

The purpose of this thesis was to identify effects of the credentialing process on the medical readiness training exercise participation by USAR medical providers; the primary research question. In conjunction with the specificity of this topic, there are very limited literary resources. The Qualitative Research Methods: A Data Collector's Field

Guide by Family Health International suggests that the most appropriate methodology to extrapolate viable data for analysis is qualitative in nature. It further goes on to describe the three most common forms of qualitative research: Participant observation, In-depth interviews, and Focus groups (Mack et al. 2005). These forms are defined as follows:

Participant observation is appropriate for collecting data on naturally occurring behaviors in their usual contexts.

In-depth interviews are optimal for collecting data on individuals' personal histories, perspectives, and experiences, particularly when sensitive topics are being explored.

Focus groups are effective in eliciting data on the cultural norms of a group and in generating broad overviews of issues of concern to the cultural groups or subgroups represented. (Mack et al. 2005)

Based on these definitions, conducting in-depth interviews was the most appropriate form of data collection. Interviews provide insight at multiple user levels of the credentialing systems which, because of the limited availability of literary works concerning this topic, contributes feedback that subjects of this topic deems as relevant. Furthermore, it directly correlates with answering the primary research question because of the feedback interviewees provide in reference to what it takes to get them to participate or not, and what they see as challenges. However, in-order to maximize the limited data pool, a portion of the research involves the participant observation approach. Participant observation allowed the inclusion and examination of operational documentation in the form of doctrine comparison that lends insight into credential requirements.

Each of the source materials collected served a calculated purpose as they are processed through the combination of methodologies. Doctrine comparisons were the primary mechanisms to develop an understanding of the processes. Interviews filled the gaps with transit knowledge only subject matter experts could provide. Lastly, historical

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data obtained from past MEDRETE products provided supporting evidence to mission requirements. The compilation of these sources can be broken up into four perspectives: process, service variation, data collection from interviews and historical accounts.

The first perspective, process, was important to setting the stage for the research because it was the root cause for this thesis. Military doctrine outlining the USAR credentialing practices was reviewed to gain an understanding of the steps required to make a provider eligible to practice medicine in a host nation. AR 40-68, for example, provides the scripted privileging procedures to include various roles and responsibilities. Understanding what the standards are is important because a significant portion of my thesis centers on a comparison of two Sister Service procedures.

The second perspective is based on the Air Force and Naval Reserve equivalency requirements. Each doctrine equivalent source, AFI 44-119 for the Air Force and BUMED Instruction 6010.30 for the Navy, was subject to examination as was the service centric credentialing web sites. In order to make an accurate comparison of the web sites however, a value scale was created. (see table 1) Based on webpage comparison criteria used by "Website Builder Expert" the sum of the present characteristics of each site equal the rating of either 1-Excellent, 2-Sufficient or good, 3-poor. By conducting this comparison, any advantages or disadvantages between the USAR systems are considered.

Figure 7.   Website Comparison Criteria and Values Key

Source: Created by author.

The third perspective comes from historic products collected from previous MEDRETEs. This provides a glimpse of the requirements and consistency of needs. Deployment Manning Documents (DMDs), credentialing instruction presentations and credentialing trackers, more significantly, provide a historical framework to the key factors that outline missions that require credentialing. Furthermore, because this data often contains personal information of the providers, all caution was taken to protect any Personally Identifiable Information (PII) IAW IRB guidelines.

The final perspective presents in the form of interviews. After completing

Institutional Review Board (IRB) required training in Protection of Human Subjects and

Adherence to Ethical Standards, a written request for information in the form of an email

was sent initially to sixteen Soldiers of various experiences in the Reserve credentialing

process and-or experience. After waiting fourteen days and a multitude of continued

attempts to reach the initial 16, only three responded to the request. This lack of response

demanded that more interviewees needed to be contacted in order to get a viable pool

sample therefore; an additional eight Soldiers were contacted. Out of the additional eight,

a total of five responded by employing each of those to respond to attempt to find another

person to participate. Out of a total 21 contacted a total of eight responded finally making

the response 38 percent.

The sample of interviewees was deliberate in selection to provide an accurate

representation and to avoid any biases that could influence the results. Because the

personnel that responded consisted of providers, the Army Medical Department

Professional Management Command (APMC) Chief of Credentialing, a USARC Planner,

an ARSOUTH planner, unit commanders, and a unit-credentialing manager, three

categories was developed: providers, planners, and managers. Some of the providers had

dual responsibilities. For example, some were both managers and providers or providers

and planners. Based on their response in the interviews, they were categorized

appropriately. The result is three providers, two managers, and three planners.

Data Collection

Due to the limited availability of applicable sources concerning the USAR

credentialing process, data collection was focused on three areas: Doctrine, Websites,

Personal Accounts, and Interviews. It is here that the closest correlation to the research questions could be found. Furthermore, they systematically allowed each of these areas led to the other adding logic to the data collection. For instance, the gathering of the doctrinal work started with the DoD Regulations. DoD Regulations dictates how all military services conduct credentialing and privileging operations to include the Air Force Instructional 44-119 and the Navy's Bureau of Medicine and Surgery (BUMEDINST) 6010.30. These documents referred to or were referenced in subsequent Army Regulations. CCQAS, the Armed Services centralized credentialing management system, was likewise referred to throughout the services but primarily on their websites. The management of PCFs was then displayed in the personal account data such as AARs, and MEDRETE Credentialing Briefs. All of which guided the selection of interview candidates and interview questions. The primary means of collecting data in these areas was through the internet, library databases and past documents that the author owned or requested through professional contacts. However, the data collection and interview process requires closer examination.

In order to conduct interviews appropriately for this study, five steps were executed: CGSC approval, Question Development, Determination of interviewees, conducting interviews, and lastly, transcription of the interviews. For this research project, the ethics certification required by the Command and General Staff College (CGSC) was achieved through the online, 18 credit hour eligible, Human Research Protection Offices/Administrators course hosted by the Collaborative Institutional Training Institute (CITI). This training, which covers ethical and procedural requirements, is for those who intend on conducting human-subject research or plan on

participating on an Institutional Review Board (IRB). While completing the certification process, the interviewee population and examples of the questions had to be decided and presented in order to gain CGSC IRB approval. The interview population was determined to be basically categorized as either USAR providers, medical planners, and credentialing managers. Once the IRB approved the researcher's general approach, refinement of the questions, within the prescribed guidelines, was produced.

The University of Surrey outlines what it takes to develop quality qualitative research interview questions. The prescribed approach discusses three avenues of questioning: Unstructured, Semi-Structured, and Structured (see figure 8).

Interviews can be

1. Unstructured
   1. Can be referred to as 'depth' or 'in depth' interviews
   2. They have very little structure at all
   3. The interviewer may just go with the aim of discussing a limited number of topics, sometimes as few as just one or two
   4. The interviewer may frame the interview questions based on the interviewee and his/her previous response
   5. This allows the discussion to cover areas in great detail
   6. They involve the researcher wanting to know or find out more about a specific topic without there being a structure or a preconceived plan or expectation as to how they deal with the topic
2. Semi structured
   1. Semi structured interviews are sometimes also called focused interviews
   2. A series of open-ended questions based on the topic areas the researcher wants to cover
   3. A series of broad questions to ask and may have some prompts to help the interviewee
   4. The open ended nature of the question defines the topic under investigation but provides opportunities for both interviewer and interview we to discuss some topics in more detail.
   5. Semi structured interviews allow the researcher to prompt or encourage the interview we if they are looking for more information or find what they are saying interesting
   6. This method gives the researcher the freedom to probe the interviewee to elaborate or to follow a new line of inquiry introduced by what the interviewee is saying
   7. Work best when the interview has a number of areas he/she wants to be sure to be addressing
3. Structured
   1. The interviewed asks the respondent the same questions in the same way
   2. A tightly structured schedule is used
   3. The questions may be phrased in order that a limited range of responses may be given – i.e. 'Do you rate our services as very good, good, or poor'
   4. A researcher needs to consider whether a questionnaire or structured interview is more appropriate
   5. If the interview schedule is too tightly structured this may not enabled the phenomena under investigation to be explored in terms of either breadth or depth

Qualitative interviews should be fairly informal and participants feel they are taking part in a conversation or discussion rather than in a formal question and answer situation.

There is skill required and involved and successful qualitative research approaches – which requires careful consideration and planning

Good quality research involves:

1. Thought
2. Preparation
3. The development of the interview schedule
4. Conducting and analysing the interview data with care and consideration

Figure 8.   University of Surrey Interview Guidelines

Source: University of Surrey, "Module 9. Introduction to Research," accessed 15 February 2016, http://libweb.surrey.ac.uk/library/skills/Introduction%20to%20 Research%20and%20Managing%20Information%20Leicester/page_55.htm.

The semi-structured approach was decided upon due to its allowance of developing focused questions that the researcher wants answered yet encourages free dialogue from the interviewee with prompts from the interviewer (University of Surrey 2016). The questions developed included topics that were aimed at answering the research questions yet they were generic enough that the interviewee could elaborate extensively in his/her answer(s). Furthermore, the question list was designed to be

answered by the various credentialing roles of the interviewees: Provider, Planner, or

Managers. These positions correlated with the formally described duty positions as

follows:

> Provider=Health Care Provider: Military (AA/USAR/ARNG) and civilian (GS
> and those working under contractual or similar arrangement) personnel granted
> privileges to diagnose, initiate, alter, or terminate health care treatment regimens
> within the scope of his/her license, certification, or registration. (AR 40-68 2004)

> Manager=PCF Manager: ensures that the PCF is current and complete and will
> initiate privileging actions by transmitting an ICTB with attachments to the
> gaining facility or by preparing the PCF for review by the local credentials
> committee. (AR 40-68 2004)

> Planner=70H *Health Services Plans, Operations, Intelligence, Security, and
> Training* Officer: Serves as the principal advisor to commanders at all levels in
> the areas of field medical operations. Directs and coordinates staff functions
> pertaining to health services plans, operations, intelligence, security, and training.
> (Department of the Army 2007)

After generating a list of 15 interviewees, the challenge of getting acceptance to

participate became evident. Out of the initial 15 people contacted via phone and email,

those two methods of contacting was chosen due to the availability of information that

could generate the highest rate of response, only three responded after a two-week period.

This result demanded that more personnel to be contacted with a different approach.

Soliciting participants from the people that did respond, mainly the providers, secured an

additional six participants. This gave the researcher nine interviewees, which was

approved by the IRB as acceptable based on the effort and time, needed to move forward

and complete this research study.

The generic list of questions were sent to each of the interviewees to help initiate

conversation (see figure 9) however, it was explained that the interview goal was to have

an open dialogue about their experience with USAR credentialing, the effects on filling

mission requirements and any changes that they thought would improve the current process. Interviews were recorded using an Android Application for phone conversation recording called, "Called Recorder" which was downloaded on my personal cellular phone. This application allows for the digital recording of the conversation as well as the name, time, and duration of each conversation. It also saved the recordings as Moving Picture Experts Group Layer-3 (MP3) audio files. In this format, the collected data was easily transferred to other devices through email or download in order to convert to a written format. Furthermore, this format allowed easy compliance with the terms of the IRB directed consent in which each interviewee signed and the research agreed to abide by thoroughly.

The Office of Human Research Protections-Health and Human Services Federal Regulation 46.116 require all research data must be secured for a minimum of three years. These records are required to be maintained in a secure manner for the period of retention. In the form of a MP3 audio file and PDF, the research secures this data on an encryption and password protected digital file maintained on a dedicated electronic device which is owned and secured by the researcher. A calendar event was created to remind the researcher to destroy the zip file NLT June 2019. With these safeguards in place, the research could continue with the next step, transcription.

Once the interviews were complete, they were ready for transcription. A transcript provides a convenient format for data analysis by either manual or software program analysis methods. An independent transcription company, Transcriptionpuppy.com, transcribed the interviews. A professional independent company was used to transcribe for two main reasons. First, professionals are able to complete the task more efficiently or

quicker as well as more accurately than if completed by the researcher. Next, by employing transcribers, any biases due to personal, social, economic, affiliate, or any other characteristics that the researcher might possess that would influence the outcome of the data is avoided. The result was nine transcribed files in a Microsoft Word format, which was then converted into a PDF format. Due to the content of the files however, they were unable to be printed from government computers because of the network security system therefore, printed copies were never made. Therefore, once the review of the transcripts and generated notes during the interviews were complete, the encounters were ready for analysis.

Summary of Chapter

In summary, because of the lack of existing information related to USAR credentialing as it pertains to MEDRETE participation, the data for this research topic requires multiple resource pools in order to draw logical conclusions. After obtaining the necessary IRB certification, support for this process came from employing qualitative research collection techniques in the form of doctrinal review, web media comparison, and in-depth interviews. Service branch doctrine was followed in order to discover differences and similarities while their credential related websites, using prescribed criteria, were compared. By following Braun and Clarke's Thematic Analysis technique, the in-depth interview data was characterized and divided into various nodes and themes, and uploaded into the NVIVO program, all of which aided in the identification of trends and-or correlations which otherwise assisted in making logical conclusions.

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┌─────────────────────────────────────────────────────────────────────┐
│                    MMAS INTERVIEW QUESTIONS:                          │
│                      USAR CREDENTIALING                               │
│                                                                       │
│  The goal of this interview is to have a dialogue about the USAR      │
│  medical credentialing process and the challenges, if any, that are   │
│  experienced and what effect(s) they might have on Medical            │
│  Readiness Training Exercises (MEDRETEs), Innovative                   │
│                                                                       │
│  Readiness Training (IRT) and deployments for the Reserve provider.   │
│  The questions below are for your review and meant to initiate this   │
│  dialogue but are in no means limitations to where this interview     │
│  can go.                                                              │
│                                                                       │
│     1.  What are the main challenge that is faced concerning your     │
│         role and credentialing?                                       │
│                                                                       │
│     2.  What seems to be the greatest challenge providers have in     │
│         getting credentialed?                                         │
│                                                                       │
│     3.  Who manages credentialing packets for USAR providers? Is it   │
│         at the unit level, APMC, the individual?                      │
│                                                                       │
│     4.  How are providers notified of delinquencies in their          │
│         credentialing packet? i.e. something expired or there is a    │
│         pending action?                                               │
│                                                                       │
│     5.  How much of a factor do you think the guided use of military  │
│         and civilian email accounts play in the credentialing process?│
│                                                                       │
│     6.  Have you experienced any complaints or praise with the        │
│         credentialing process from USAR providers? In training event  │
│                                                                       │
│     7.  Have you experienced any provider not wanting to participate  │
│         in training events due To difficulty with the credentialing   │
│         process?                                                      │
│                                                                       │
│     8.  In the SOUTHCOM AOR, the HN Ministry of Health requires that  │
│         licensed medical providers submit passport pictures along     │
│         with other routine credentialing documents such as state      │
│         license, diploma, etc. Do you or has anyone expressed this as │
│         a security concern with the increase in identity theft etc.?  │
│                                                                       │
│     9.  Have you seen any effects of credentialing on the ability of  │
│         a unit to fill a MEDRETE/ IRT manning roster?                 │
│                                                                       │
│     10. Do you see credentialing changing in the future? And if so,   │
│         how?                                                          │
│                                                                       │
│     11. What would you suggest is the threshold that would have to be │
│         crossed to get a USAR provider to not want to participate in  │
│         ODTs, IRTs, deployments, or even continued service in the     │
│         USAR as pertained to credentialing?                           │
└─────────────────────────────────────────────────────────────────────┘
```

Figure 9.   MMAS Interview Questions: USAR Credentialing

Source: Created by author.

Table 2.   Phases of Thematic Analysis

Phase	Description of the process
1. Familiarising yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking in the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells; generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.|

Source: Virginia Braun and Victoria Clarke, "Using Thematic Analysis in Psychology," *Qualitative Research in Psychology* 3, no. 2 (2006, published online 21 July. 2008), accessed 13 May 2016, http://dx.doi.org/10.1191/1478088706qp063oa.

CHAPTER 4

ANALYSIS

<u>Analysis Overview</u>

In this chapter, the analysis of the data presented from the research methodologies introduced in chapter three and their relationship with the research topic will be reviewed. The analysis will consist of the examination of the primary three resources: interviews, doctrine, and web sites in order to explain the systematic approach used to develop the findings. Points of research will help distinguish and define the interrelationship of the USAR practitioner credentialing process and its effects on their participation in deployment training. The analysis of the web site and interviews will be used to find trends or patterns within their structures that suggests both challenges and points of possible improvement. Lastly, the products produced from the research methods described in chapter 3 will be used to show comparison of doctrine and any statistical significance.

<u>Interviews</u>

Sharlene Hesse-Biber, PhD in the Boston College Department of Sociology presentation, Analyzing Qualitative Data: With or Without Software describes the basic steps of starting qualitative data to be a series of reviewing the transcripts, making notes, developing themes, and developing codes (Hesse-Biber 2010). In combination with the notes taken during the interviews and the review of the transcripts, a thematic analytical approach was the most appropriate for this research. The Thematic Analytic Approach consists of six steps as explained by Virginia Braun and

Victoria Clarke in their psychological article published in 2008. (see figure 11)

Using the data analysis software by NVIVO, Qualitative Data Analysis with NVIVO by Bazeley and Jackson, the interviewees were categorized and nodes were developed from the secondary review of the transcripts.

The analysis of the interviews revealed seven themes that was categorized and entered into the NVIVO software system as Nodes. The seven nodes are:

1. Process Knowledge–anything related to awareness of the credentialing process.

2. Communication–anything related how credentialing requirements are shared or conveyed.

3. Responsibility–anything related to where responsibility is held to perform credentialing functions.

4. Challenge–identified challenges in completing the credentialing process.

5. Keys to Success–anything mentioned as essential to the credentialing processes success.

6. Change–anything mentioned that involves process or involvement changes to assist the credentialing process.

7. Security Concern–anything involving the mention of the security of credentialing documents.

A subdivision of each of these nodes into positive or negative responses allows accurate qualitative deductions. Because of the differences within each of these nodes, the subdivided negative and positive areas had different definitions. The break-down of the subdivision definitions used in the interview analysis is as follows:

Challenges: Positive (+) equals anything that mention a challenge based on human effort or intervention. Negative (-) equals anything that involved a challenge with the credentialing or privileging system and-or process.

Change: Positive (+) equals the interviewee mentioning a change requirement within the credentialing system in order to improve the process. Negative (-) equals the interviewee mentioning that the credentialing system does not require change.

Communication: Positive (+) equals an interviewee suggesting that the means of communication between the credentialing managers—system and practitioners, and the means to communicate is good. Negative (-) equals an interviewee suggesting that the means of communication between the credentialing managers—system and practitioners, and the means to communicate is bad.

Credentialing Knowledge: Positive (+) equals the interviewee displaying a good or clear understanding of the credentialing—privileging process. Negative (-) equals the interviewee displaying a lack of understanding or misunderstanding of the credentialing process.

Keys to Success: Positive (+) equals the interviewee mentioning a means of working within the system as a key to efficiently executing the credentialing process. Negative (-) equals the interviewee mentioning the human element for example, their dedication to work within the system, as a key to efficiently executing the credentialing process.

Responsibility: Positive (+) equals the interviewee mentioning that the responsibility of being successfully credentialed—privileged is the practitioners. Negative (-) equals the interviewee mentioning that some other element of the

credentialing process for example, credentialing managers or APMC, are responsible for the credentialing of the practitioners.

Security: Positive (+) equals the interviewee mentioning that there is a security concern with providing personally identifiable information (PII) found within their credentialing requirements in order to participate in ODT missions. Negative (-) equals the interviewee stating that there is not a security concern with providing PII found within their credentialing requirements in order to participate in ODT missions.

Table 3.   Interview Responses by Node

INTERVIEW STATISTICS

	CHALLENGES	CHANGE	COMMUNICATION	CRED. KNOWLEDGE	KEY TO SUCCESS	RESPONSIBILITY	Security
Manager 1	16	0	4	3	1	1	0
Manager 2	1	0	3	5	0	2	2
Manager 3	5	0	3	1	3	2	3
Planner 1	6	1	2	0	0	0	2
Planner 2	6	0	0	2	1	0	1
Provider 1	2	2	3	1	0	3	2
Provider 2	0	4	2	3	1	3	2
Provider 3	11	2	7	2	1	2	1
Totals	47	9	24	17	7	13	13

Source: Created by author.

Interview Analysis Findings

The analysis of the node breakdown will provide findings of the research questions. This will take place by presenting them along with the table of each individual node statistical results.
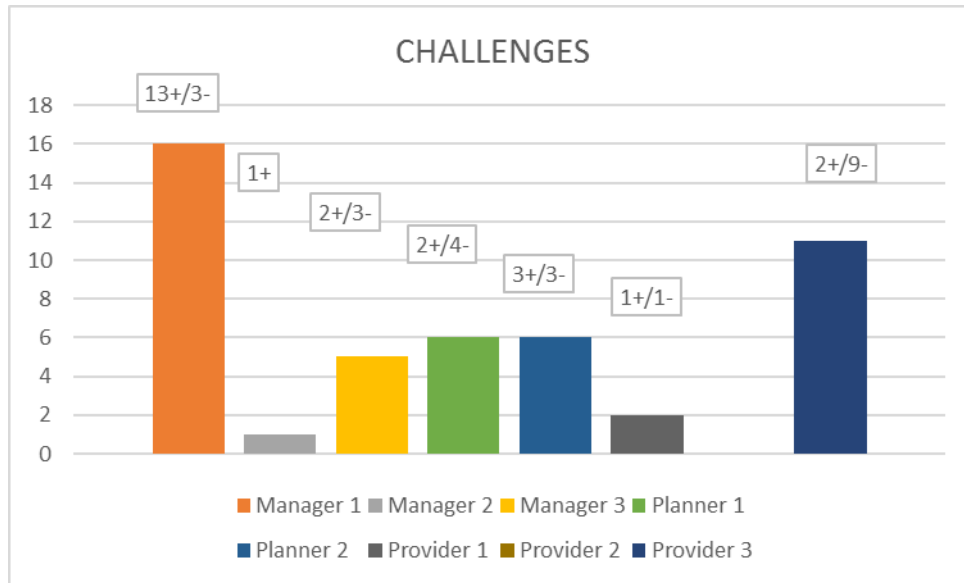
Figure 10. Challenges Node Statistics

Source: Created by author

When interview participants were asked questions or made comments about challenges in the credentialing process, 24 of the 47 total comments made were positive. The majority of the positive comments, 13, came from one of the credentialing managers who has very detailed knowledge of the systems. Both planners scored six comments concerning challenges however, one felt the majority of the challenge lies within the system rather than the practitioner by scoring the question with four negative responses. The provider comments were split with one provider stating that there were not any

challenges; one felt there was both a human and system challenge, and the last provider felt strongly that the challenges lie within the system providing a total of nine negative comments.
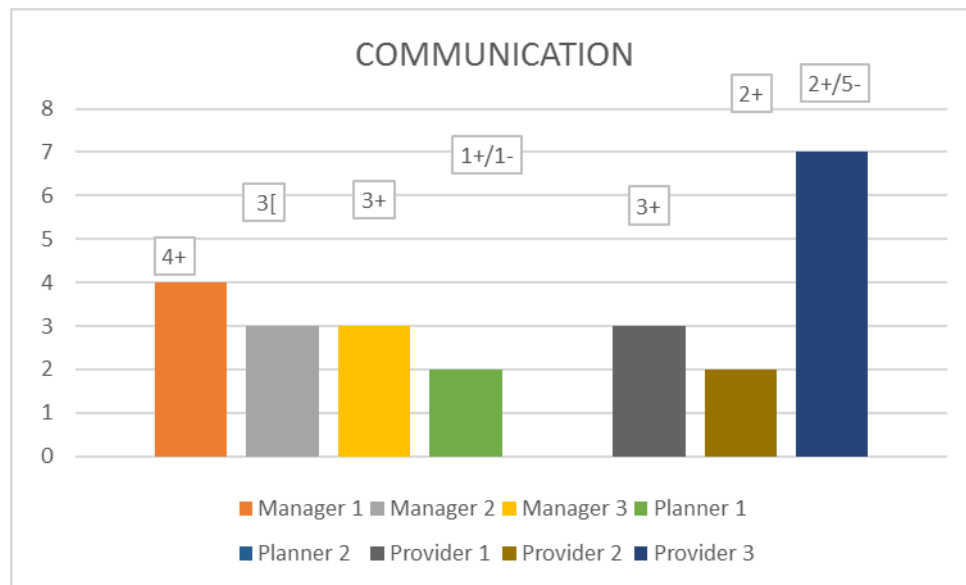
Figure 11. Communication Node Statistics

Source: Created by author

When posed with questions concerning the communication required to ensure a successful credentialing process, 18 of the 24 comments made by the interviewees were positive. All of the manager group scored positively and provided 10 of the 24 total comments made. Only one planner commented with two split responses; one negative and one positive. The remaining 12 comments made by the providers interviewed presented a perception of the communication that takes place within the credentialing process to be positive however, one provider made five negative references.
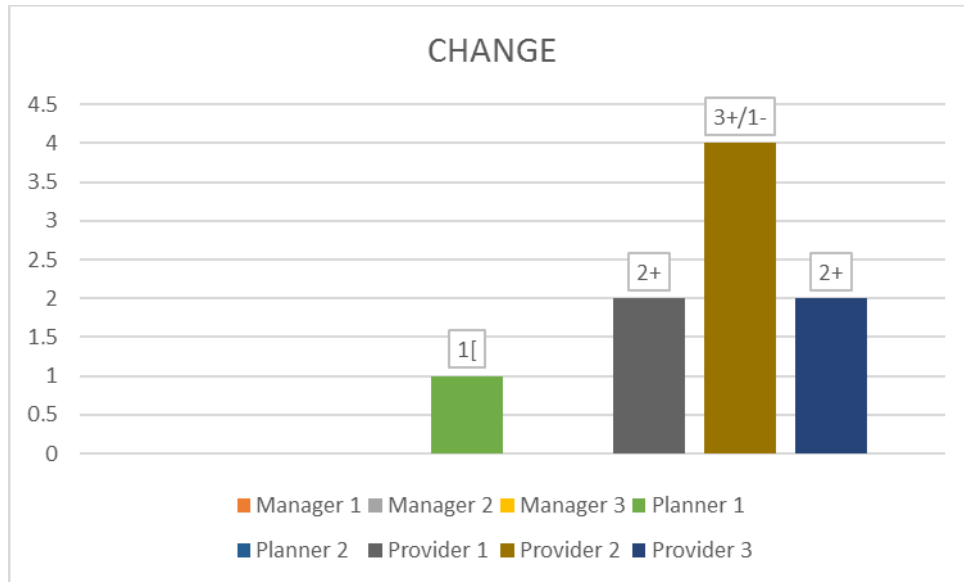
Figure 12. Change Node Statistics

Source: Created by author.

There were nine comments the interviewees made referencing change to the system. The majority of the responses, eight, thought that the system should change. The managers did not provide comments on the changing of the credentialing system and one of the two planners provided a positive response. The providers' comments were almost unanimous that the system should change as expressed in their seven positive and one negative comment.
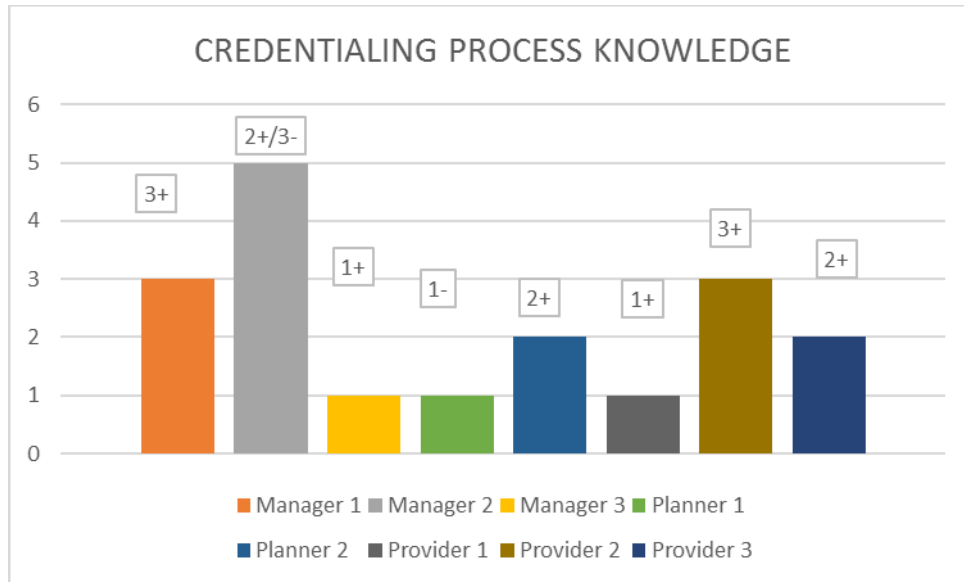
Figure 13. Credentialing Process Knowledge Node Statistics

Source: Created by author.

There were 18 comments that expressed credentialing process knowledge. Fourteen of those comments expressed a good working knowledge of the credentialing system and four did not. Of those that demonstrated points of misunderstanding, one was a planner and one was a manager. All three providers expressed an accurate depiction of the credentialing process by providing six positive comments and no negative ones.
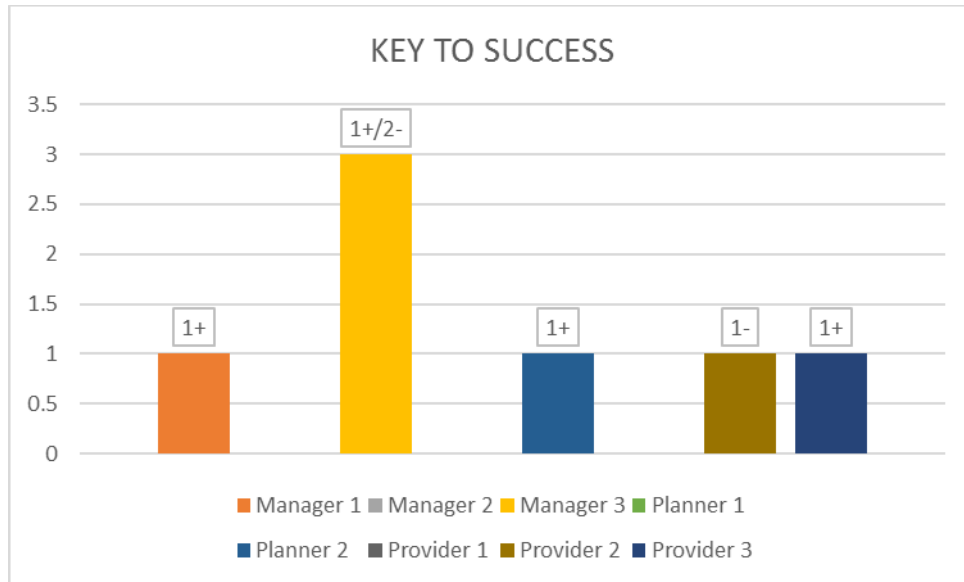
Figure 14. Key to Success Node Statistics

Source: Created by author.

Five of the eight interviewees addressed the key to success subject. For those that

did comment, four of the total seven references made were positive. Two managers, one

planner, and one provider made up the positive responses while the remaining negative

responses came from one manager and one provider. The negative responses placed the

key to success on the practitioners' efforts and expectations while the positive scores

primarily mentioned using the systems in place at all levels in order to achieve success.
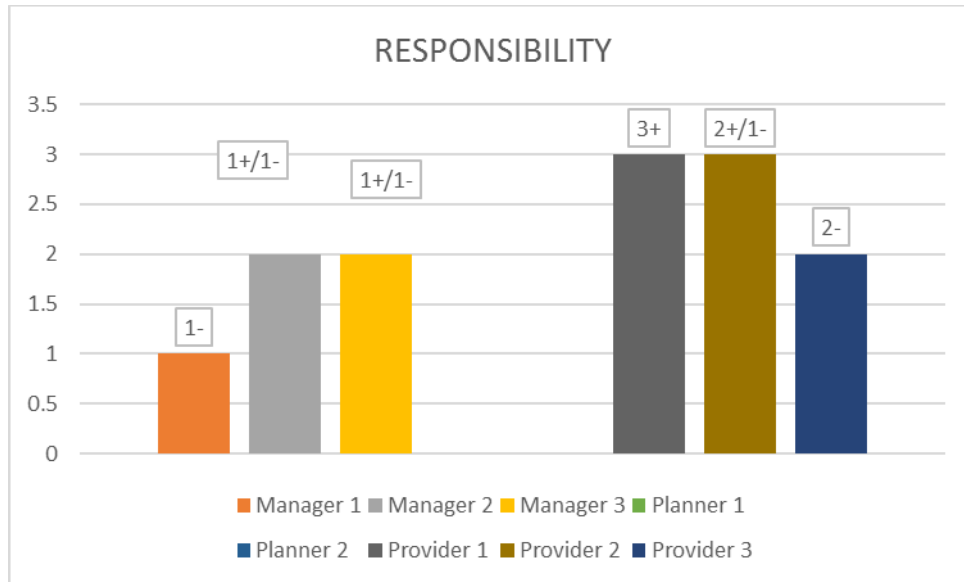
Figure 15. Responsibility Node Statistics

Source: Created by the author.

In reference to responsibility, only two of the groups had all interviewees respond; the managers and providers. The planners did not provide comment as to who they thought the responsibility belonged concerning the completion of credentialing packets. Of the interviewees who did comment, the responses were close to even with seven responses stating that it is the provider's responsibility and six stating that it is either the unit's or some other manager's duty.
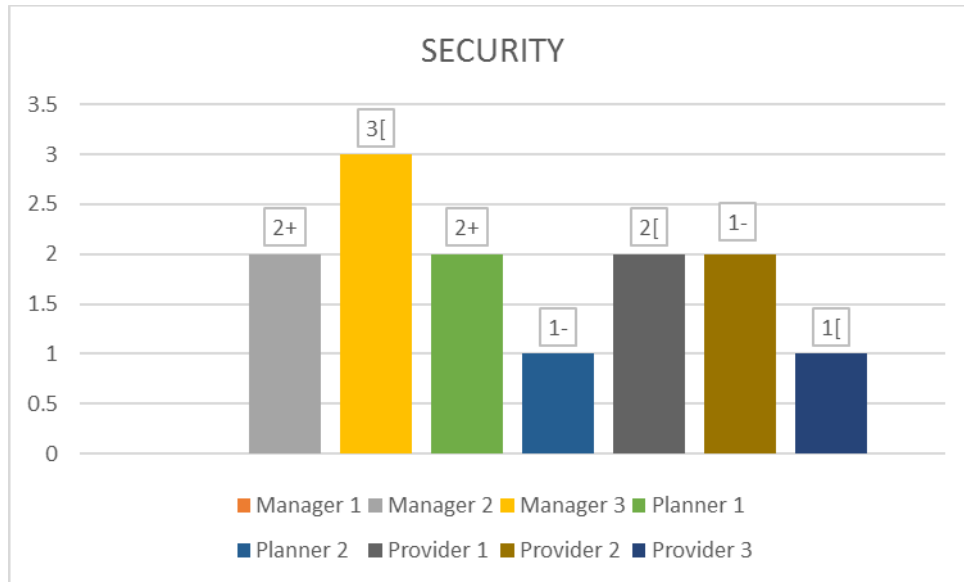
Figure 16. Security Node Statistics

Source: Created by the author.

The question of document security involved in the credentialing process suggests that there is a concern. Managers and planners made the majority of the comments expressing concern, which made up seven of the eight positive comments. Only one of the providers interviewed expressed concern about the security of their documents or other PII. The negative comments consist of five out of the total 13 responses and were primarily expressed by providers.

<u>Web Site Comparison</u>

Analysis of the service websites was conducted to determine if the approach to reserve credentialing by means of web access influenced both the credentialing process and could present a field of influence in practitioner participating in MEDRETEs or deployments. The eight areas, as recommended by the "Website Builder Expert"

discussed in the research methodology in chapter 3 yielded staggered results (see table 1) but only the areas that displayed variance the home pages, navigation, site organization, and links, will be discussed in this section. The other areas, search engine, readability, performance, and content all resulted in the same score rendering them insignificant categories of comparison.

Table 4.   Armed Service Web Site Comparison

Website Comparison

	Army	Air Force	Navy
Home Page	2	1	2
Navigation	3	1	2
Site Organization	2	1	1
Links and Labels	3	1	2
Search/Search Results	1	1	1
Readability	1	1	1
Performance	2	2	2
Content	1	1	1
TOTALS	15	9	12

Home page. How informative is the home page? Does it set the proper context for visitors?
Navigation. Is the global navigation consistent from page to page? Do major sections have local navigation?
Site organization. Is the site organization intuitive and easy to understand?
Links and labels. Are labels on section headers and content groupings easy to understand?
Search and search results. Is the search engine easy to use?
Readability. Is the font easy to read? Are line lengths acceptable? Is the site easy to scan?
Performance. Do pages load slowly or quickly? Are graphics/applications optimized for easy Web viewing?
Content. Is their sufficient depth and breadth of content offerings?

1= Excellent
2= Sufficient/Good
3= Poor
Quality is measured from low to high with low being the best and high being the worse.

Source: Created by author.

The homepages of each of the compared services web pages displayed minimal difference in presentation. The theme of each site was clear and presented an ease of use. The Army received a good rating because the site requires going through a link on an overall homepage to get to the section that covers reserve credentialing. The Navy received a good rating because the researcher could not locate a web page produced by the Department of the Navy that covered medical practitioner credentialing therefore, a Naval Medical Facilities web page had to be used in the comparison. The Air Force had an excellent web page because it was very easy to locate and understand as it pertains to reserve credentialing.

Navigation and links, due to their direct association, findings are discussed together in this section while each of the services' sites displayed measurable differences. The Army site scored the lowest because it required testing several links before accessing the actual page(s) that provided specific information concerning the credentialing process. The Navy site was good but because the site depends on the associated Military Treatment Facility, all of which was not visited and-or assessed, it cannot be determined if they are all as easily navigated. The Air Force site however, scored the highest. Because it was a site solely dedicated to credentialing, each link addresses something involved in the process. This includes the link specifically for reservists.

The last area measured is the site organization. Only the Army site scored as good because of the how the links are organized throughout the site. Once obtaining familiarization with the site, the logic of its organization is clear however, that extra time is required to achieve this. The Air Force site proved well organized and logical in its structure making it very "user friendly."

Web Comparison Findings

It was found that the Air Force had an overall excellent credentialing web site when compared to the Army and Navy's pages. The Air Force provides a site that is easy to navigate and therefore use by reservists because it had links that clearly pertained to their credentialing needs. The Navy had a good site because it had all of the elements that the Air Force had however, because a dedicated site to the credentialing process either does not exist or could not be found, it only earned a good rating. The Army site, however dedicated to credentialing, had other distracting links that required exploration of the entire site to find the area addressing credentialing for the reservists.

Doctrine Comparison and Findings

In the comparison of doctrine that governed the USAR credentialing process, very little significance was found. The DOD regulates the credentialing process and management of all military services. Each of the services displayed compliance with the DoD regulations within their service centric credentialing guidance. Each service feeds CCQAS, which centrally manages all service practitioners. Therefore, the significance of doctrine comparison is marginal in the assistance in answering any of the research questions.

Chapter Summary

In summary, this chapter displayed comparative results of doctrine, web sites, and interview analysis as they pertain to USAR practitioner credentialing and any affect that they might have on their participation in medical training exercises. The findings varied in accordance with which field was being analyzed.

The doctrine comparison yielded no significant conclusions that could assist in answering any of the research questions. Because of the origin of credentialing and privileging guidance, DoD 6025.13r, variance in requirements could be found upon analysis among the services however, when comparing web sites this was not the case. The websites that addressed credentialing within the Army, Navy, and Air Force yielded results that expressed a difference in the web site usability by having logical links and dedicated pages for the reserve provider. Lastly, the detailed analysis of the interviews conducted with the providers, managers, and planners, as they are broken down into negative and positive responses as characterized by node. The final chapter will use the above analytical findings in order to draw logical conclusions as they pertain to answering the research questions.

CHAPTER 5

CONCLUSIONS AND RECOMMENDATIONS

The primary purpose of this research study was to identify areas of improvement that would increase the participation rate of USAR providers. This study examined elements within and that contribute to the credentialing process in order to make these determinations. Providing statistical data from the center of this process may draw attention to parts of the credentialing process that if improved could lead to a more efficient process and ultimately an increase in the USAR provider participation in MEDRETES and deployments. This chapter explains the answers to the research questions, conclusions drawn, and lastly, recommendations for future research on this topic.

Primary Question: Does the current USAR credentialing process affect medical practitioners' participation in MEDRETES and deployments?

This study demonstrated that the actual credentialing process does not affect reserve providers participation in MEDRETES or deployments. The credentialing and privileging requirements are dictated by the Assistant Secretary of Defense for Health Affairs, under the Under Secretary of Defense for Personnel and Readiness to the DOD through regulation 6025.13r. All subordinate medical service departments were found to comply with these subscribed requirements through their service centric regulations or instructions. Furthermore, all licensed medical practitioners are managed using the Centralized Credentials Quality Assurance System, more commonly referred to as CCQAS. All qualified credential managers have access to this database to help facilitate the maintenance of PCFs. Even though however, data showed a variance in the quality of

the service credentialing web sites, the differences within the Army site did not make it

so difficult to use it would cause any significant effect on the users' ability to complete

the credentialing process or their desire to participate in MEDRETEs.

Secondary Question: What are the challenges or issues USAR providers have

with the current credentialing process?

Interview analysis showed that there are only a two areas within the credentialing

process that providers find challenging. First are the requests for documents multiple

times. All three providers interviewed however mentioned duplicate requests; one made it

a point to mention that it was a necessary part of the verification process. The other two

expressed frustration and even resorting to hand carrying their documents to the mission

because of experience with the HN not having them within the PCFs sent forward by the

Combatant Command liaisons or embassy. The second area of concern involves the

army's personnel data systems. All three provider expressed frustration with managers

not having current phone numbers or email addresses because that information have not

been updated in one of the personnel databases, such as Regional Level Application

Software, Soldier Management System, or through the Army Knowledge Online websites

which feeds CCQAS and other credentialing management systems. This realization was

also mentioned during the interview with one of the credentialing managers as seen in the

following exchange:

> Interviewee: A provider is notified by email, by enterprise email. And they're also
> notified through their own personal email whatever's in the system. And our
> database actually corresponds with our CMS so that we get automated feeds into
> our database. And that's how we come up with the email addresses and the phone
> numbers to be able to reach out to Army Reserve providers. So that can be quite a
> challenge because oftentimes when the RLAS [Regional Level Application
> Software] system isn't updated which feeds all of tap DBR—

Interviewer: Yes, sir.

Interviewee: For the Army Reserve, then you know garbage in garbage out. Even though this is noted as a challenge, the interview responses concerning communication showed 72 percent of the comments expressed to be good communication between managers and practitioners. This appears to mitigate the shortcomings of information sharing between systems. Therefore, the challenges of duplicate requests and system updates are not significant enough to influence practitioner participation in MEDRETEs or deployments.

Tertiary Question: Do other reserve services medical credentialing processes offer advantages that improve exercise participation?

Because the DOD regulates the credentialing and privileging process there's very little variance in how it is managed between services. The examination of the Army, Navy, and Air Force credentialing web sites found that the Air Force has an excellent site design. The other service sites however, still had adequately functioning sites that give reserve providers access to information that assists in the credentialing process even though they scored less. Therefore, variances in the services' approach to the credentialing process do not yield enough difference in support to influence the practitioner participation in MEDRETEs and-or deployments.

Recommendations

System interface is the key to addressing what was found to be the greatest challenge in the credentialing process. Even though there is good communication between managers and providers, by improving the interface between the personnel management systems and CCQAS or the other credentialing management tools, provider

participation could have positive influence. This improved interface could help the DOD more accurately identify the available practitioners to support any present or future military effort. It can also assist in contacting, be it for mobilization, training, or deployment, USAR practitioners in a timely manner. Furthermore, a strategy to improve the universal understanding of the credentialing process and its' importance, even though it was indicated as a point of deficiency in the research, could improve the overall flow and perspective on this process.

One of the most important things to civilian Soldiers is their time. This is even more significant when you think of doctors with private practices or members of a critical specialty hospital team. Therefore, by interface improvement the Army could have a more accurate picture of available forces and could decrease the USAR notification time, which may ultimately influence the participation of Reserve medical providers.

Suggestions for Further Research

Further research should be conducted on this topic in four primary areas: resource pool, topic refinement, interview questions refinement, and time contributed to this study. Improvements and considerations based on current findings suggest that this research topic is important to developing a level of comprehension in Reserve medical provider mission readiness and the contributing factors to system success or failure.

First, by involving a broader resource pool, the sample data will contain a greater variance of opinions and perspectives especially if great effort is made to further include representatives from varying units and organizations. With a broader source pool more profound variances in response will present, a discovery of additional factors to consider

in the validation of the thesis, and a greater display of the advantages and disadvantages of the Thematic Analysis research methodology.

Secondly, the narrowing of the topic to the examination of the relationship between USAR medical providers and the credentialing process, excluding the involvement of mission participation, will draw emphasis to the current research discoveries. This could help explain some of the social psychological implications involved in "provider privilege" as indicated in this research's interviews.

Next, the questions asked the interviewees need refinement. By developing questions, that focuses on;

1. the interviewees by group i.e. the providers, managers, or planners, and

2. only allowing the interviewees to see the questions specified for their group, areas of the study could be accomplished more efficiently.

For instance, data analysis would be more easily accomplished because the organization of responses for analysis would not require extrapolating from the entire interview and any concern that the interviewee's responses were influenced by reading and the awareness of the other group questions.

Lastly is the factor of time. The eight to nine month timeframe to complete this level of research placed limits on several areas. The most significant of these time limit based factors is data collection. More time would allow for a larger pool of people contacted, historical mission data collected, and the analysis of the collected material. This will help further identify challenges between providers and the credentialing system, which should ultimately lead to improvements, if not solutions, credentialing efficiency, and provider mission participation.

<u>Chapter Summary</u>

The purpose of this chapter was to provide the conclusions drawn from this research thesis and the considerations that are recommended for future study on this topic. It took the analysis and concluded that the credentialing process doesn't have a significant effect on USAR medical provider credentialing; the primary research question. Reviewing the results of the interviews, web site, and doctrine comparisons, very little variance in those areas provide minimal impact on the participation rate of providers in training exercises or deployments. Interviews revealed that the two areas of concern, duplicate document requests and outdated personnel management systems, are points of frustration for practitioners however, the impact that they have is mitigated by the redundancies and good communication between all levels of the credentialing process. The rest of the fields of discovery displayed minimal variance because doctrine is mandated by the DOD, which all services must comply. Similar results were found in the comparison of the web sites. Because of the similarity of content and minor variance of structure, all web sites that were compared scored either excellent or good on their usability.

The recommendations made to improve the credentialing process to influence the participation rate of USAR practitioners in training and deployments focused on two areas: unit interface and education. By improving the units' communication with providers and personnel management systems the available source pool would be more accurately represented and save the providers time by a streamlined notification process. Likewise if the credentialing process users are better educated on the significance of the overall process, a universal understanding of the requirements can be made which would

lead to an improvement in efficient which, in turn, save the USAR providers their revered time.

Further study on this topic equates to increasing the interviewee pool and refining the research questions. The interviews of this research study proved to be the most valuable. The data they provided demonstrated the true link between the credentialing process and USAR practitioners. By the increase in the number of interviewees, there is a greater opportunity to obtain variances or results that are better supported by a preponderance of evidence. Lastly, by refining the research questions to eliminate the training and deployment elements and focus on the practitioner's interrelationship with the credentialing process. With these two modifications, an expanded answer to how the credentialing process affects USAR medical practitioners can be found.

APPENDIX A

INSTITUTIONAL REVIEW BOARD TRAINING TRANSCRIPT

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COURSEWORK TRANSCRIPT REPORT**

** NOTE: Scores on this Transcript Report reflect the most current quiz completions, including quizzes on optional (supplemental) elements of the course. See list below for details. See separate Requirements Report for the reported scores at the time all requirements for the course were met.

- **Name:** Dominic Payne (ID: 5409692)
- **Email:** dominic.a.payne.mil@mail.mil
- **Institution Affiliation:** U.S. Army/ARDEC (Armament Research, Development and Engineering Center) (ID: 2720)
- **Institution Unit:** General Studies
- **Phone:** ▮▮▮▮▮▮▮

- **Curriculum Group:** Human Research Protections Office/Administrators
- **Course Learner Group:** Same as Curriculum Group
- **Stage:** Stage 1 - Basic Course
- **Description:** No direct contact with human subjects.

- **Report ID:** 18780271
- **Report Date:** 02/20/2016
- **Current Score**:** 91

REQUIRED, ELECTIVE, AND SUPPLEMENTAL MODULES	MOST RECENT	SCORE
Students in Research (ID: 1321)	02/19/16	4/5 (80%)
ARDEC Introduction Module (ID: 15680)	02/20/16	No Quiz
Informed Consent (ID: 3)	02/19/16	5/5 (100%)
History and Ethical Principles - SBE (ID: 490)	02/19/16	5/5 (100%)
Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4)	02/20/16	4/4 (100%)
Defining Research with Human Subjects - SBE (ID: 491)	02/19/16	5/5 (100%)
Belmont Report and CITI Course Introduction (ID: 1127)	02/19/16	3/3 (100%)
Records-Based Research (ID: 5)	02/20/16	3/3 (100%)
The Federal Regulations - SBE (ID: 502)	02/19/16	5/5 (100%)
Genetic Research in Human Populations (ID: 6)	02/20/16	4/5 (80%)
Assessing Risk - SBE (ID: 503)	02/19/16	5/5 (100%)
Vulnerable Subjects - Research Involving Prisoners (ID: 8)	02/20/16	4/4 (100%)
Informed Consent - SBE (ID: 504)	02/19/16	4/5 (80%)
Vulnerable Subjects - Research Involving Children (ID: 9)	02/20/16	3/3 (100%)
Privacy and Confidentiality - SBE (ID: 505)	02/20/16	5/5 (100%)
Vulnerable Subjects - Research Involving Pregnant Women, Human Fetuses, and Neonates (ID: 10)	02/20/16	3/3 (100%)
Research with Children - SBE (ID: 507)	02/20/16	4/5 (80%)
FDA-Regulated Research (ID: 12)	02/20/16	5/5 (100%)
Research in Public Elementary and Secondary Schools - SBE (ID: 508)	02/20/16	5/5 (100%)
International Research - SBE (ID: 509)	02/20/16	4/5 (80%)
International Studies (ID: 971)	02/20/16	3/3 (100%)
Internet-Based Research - SBE (ID: 510)	02/20/16	4/5 (80%)
The IRB Member Module - 'What Every New IRB Member Needs to Know' (ID: 816)	02/20/16	7/7 (100%)
Research and HIPAA Privacy Protections (ID: 14)	02/20/16	4/5 (80%)
Vulnerable Subjects - Research Involving Workers/Employees (ID: 483)	02/20/16	4/4 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)	02/20/16	5/5 (100%)
Hot Topics (ID: 487)	02/20/16	No Quiz
Conflicts of Interest in Research Involving Human Subjects (ID: 488)	02/20/16	4/5 (80%)
The IRB Administrator's Responsibilities (ID: 13813)	02/20/16	5/5 (100%)
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)	02/20/16	3/3 (100%)
Cultural Competence in Research (ID: 15166)	02/19/16	5/5 (100%)
Avoiding Group Harms - International Research Perspectives (ID: 14081)	02/20/16	3/3 (100%)
Basic Institutional Review Board (IRB) Regulations and Review Process (ID: 2)	02/19/16	4/5 (80%)
Recognizing and Reporting Unanticipated Problems Involving Risks to Subjects or Others in Biomedical Research (ID: 14777)	02/20/16	2/5 (40%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	02/20/16	4/5 (80%)

FDA-Regulated Research (ID: 12)		02/20/16	5/5 (100%)
Research and HIPAA Privacy Protections (ID: 14)		02/20/16	4/5 (80%)
Vulnerable Subjects - Research Involving Workers/Employees (ID: 483)		02/20/16	4/4 (100%)
Hot Topics (ID: 487)		02/20/16	No Quiz
Conflicts of Interest in Research Involving Human Subjects (ID: 488)		02/20/16	4/5 (80%)
The IRB Member Module - 'What Every New IRB Member Needs to Know' (ID: 816)		02/20/16	7/7 (100%)
Unanticipated Problems and Reporting Requirements in Social and Behavioral Research (ID: 14928)		02/20/16	5/5 (100%)
The IRB Administrator's Responsibilities (ID: 13813)		02/20/16	5/5 (100%)
Avoiding Group Harms - U.S. Research Perspectives (ID: 14080)		02/20/16	3/3 (100%)
Avoiding Group Harms - International Research Perspectives (ID: 14081)		02/20/16	3/3 (100%)
Recognizing and Reporting Unanticipated Problems Involving Risks to Subjects or Others in Biomedical Research (ID: 14777)		02/20/16	2/5 (40%)

For this Report to be valid, the learner identified above must have had a valid affiliation with the CITI Program subscribing institution identified above or have been a paid Independent Learner.

CITI Program
Email: citisupport@miami.edu
Phone: 305-243-7970
Web: https://www.citiprogram.org

Source: Collaborative Instutional Training Initiative at the University of Miami-transcript request.

COLLABORATIVE INSTITUTIONAL TRAINING INITIATIVE (CITI PROGRAM)
COURSEWORK REQUIREMENTS REPORT *

* NOTE: Scores on this Requirements Report reflect quiz completions at the time all requirements for the course were met. See list below for details.
See separate Transcript Report for more recent quiz scores, including those on optional (supplemental) course elements.

- **Name:** Dominic Payne (ID: 5409692)
- **Email:** dominic.a.payne.mil@mail.mil
- **Institution Affiliation:** U.S. Army/ARDEC (Armament Research, Development and Engineering Center) (ID: 2720)
- **Institution Unit:** General Studies
- **Phone:** ▓▓▓▓▓▓▓▓

- **Curriculum Group:** Human Research Protections Office/Administrators
- **Course Learner Group:** Same as Curriculum Group
- **Stage:** Stage 1 - Basic Course
- **Description:** No direct contact with human subjects.

- **Report ID:** 18780271
- **Completion Date:** 02/20/2016
- **Expiration Date:** 02/19/2019
- **Minimum Passing:** 80
- **Reported Score*:** 91

REQUIRED AND ELECTIVE MODULES ONLY	DATE COMPLETED	SCORE
ARDEC Introduction Module (ID: 15680)	02/19/16	No Quiz
Belmont Report and CITI Course Introduction (ID: 1127)	02/19/16	3/3 (100%)
Cultural Competence in Research (ID: 15166)	02/19/16	5/5 (100%)
Students in Research (ID: 1321)	02/19/16	4/5 (80%)
History and Ethical Principles - SBE (ID: 490)	02/19/16	5/5 (100%)
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Assessing Risk - SBE (ID: 503)	02/19/16	5/5 (100%)
Informed Consent - SBE (ID: 504)	02/19/16	4/5 (80%)
Informed Consent (ID: 3)	02/19/16	5/5 (100%)
Privacy and Confidentiality - SBE (ID: 505)	02/20/16	5/5 (100%)
Social and Behavioral Research (SBR) for Biomedical Researchers (ID: 4)	02/20/16	4/4 (100%)
Records-Based Research (ID: 5)	02/20/16	3/3 (100%)
Genetic Research in Human Populations (ID: 6)	02/20/16	4/5 (80%)
Populations in Research Requiring Additional Considerations and/or Protections (ID: 16680)	02/20/16	4/5 (80%)
Vulnerable Subjects - Research Involving Prisoners (ID: 8)	02/20/16	4/4 (100%)
Research with Children - SBE (ID: 507)	02/20/16	4/5 (80%)
Vulnerable Subjects - Research Involving Children (ID: 9)	02/20/16	3/3 (100%)
Research in Public Elementary and Secondary Schools - SBE (ID: 508)	02/20/16	5/5 (100%)
Vulnerable Subjects - Research Involving Pregnant Women, Human Fetuses, and Neonates (ID: 10)	02/20/16	3/3 (100%)
International Research - SBE (ID: 509)	02/20/16	4/5 (80%)
International Studies (ID: 971)	02/20/16	3/3 (100%)
Internet-Based Research - SBE (ID: 510)	02/20/16	4/5 (80%)

Source: Collaborative Instutional Training Initiative at the University of Miami-transcript request

APPENDIX B

IRB APPROVAL LETTER

DEPARTMENT OF THE ARMY
U.S. ARMY COMBINED ARMS CENTER
LEADER DEVELOPMENT AND EDUCATION
100 STIMSON AVENUE
FORT LEAVENWORTH, KANSAS 66027-2301

REPLY TO
ATTENTION OF

ATZL-LDA   11 March 2016

MEMORANDUM FOR: MAJ Dominic Payne, U.S. Army Command and General Staff College, Ft. Leavenworth, KS 66027

SUBJECT: Institutional Review Board Approval to Conduct Human Subjects Research

1. Your protocol to research *USAR Medical Credentialing* dated *18 February 2016* was reviewed by expedited review. The Institutional Review Board (IRB) approved your study as described in your application packet and amended via email with Dr. Spurlin. You are approved to study up to 12 participants without seeking additional approval for your study.

2. You have been assigned protocol approval number **25-02-003**. Reference this number when submitting any additional documentation or requesting information from the IRB concerning your research proposal.

3. **Your approval for this study will expire on 10 March 2017.** In order to maintain approval for this study, you are required to submit a continuing review report at least four (4) weeks prior to the expiration of this approval.

4. You are expected to comply with all conditions indicated in this memorandum and to follow your approved protocol. You are subject to monitoring by a member of the IRB to ensure compliance. Failure to follow these guidelines could result in the termination of the approval for your research.

5. Any modifications to this study (including, but not limited to changes in recruitment materials or procedures, investigators, inclusion/exclusion criteria, interview/survey questions, or data collection procedures, or increases in the number of participants enrolled) must be submitted as a written amendment for review and approval prior to implementing the change.

6. Collect an electronically signed informed consent for each participant during your study.

7. Securely maintain all research documents and data collected for three (3) years. Informed consent documents and other identifiable information must be secured separately from data collected from participants in order to better maintain confidentiality.

ATZL-LDA
SUBJECT: Institutional Review Board Approval to Conduct Human Subjects Research

8. Submit a study closure report to the Human Protections Administrator at usarmy.leavenworth.tradoc.mbx.lde-research-irb@mail.mil upon completion of the study.

9. POC is the undersigned at dale.f.spurlin.civ@mail.mil.

DALE F. SPURLIN, PhD
Chair, CAC-E IRB

Source: CAC-E Institutional Review Board, CGSOC, Fort Leavenworth, Kansas

APPENDIX C

INTERVIEW CONSENT FORM

USAR MEDICAL CREDENTIALING AND ITS EFFECTS ON MISSION PARTICPATION
Consent To Participate

Consent to Participate in a Research Study
This is a research study conducted in support of completion of a *Master's of Military Arts and Science degree*. This form provides information to you on your rights as a research participant in the above named study and of the responsibilities the researcher(s) has (have) during this study. The Combined Arms Center - Education (CAC-E) has approved this study and supports the research.

Purpose of the Research Study
The purpose of this study is to answer four questions: 1) Primary Question – Does the current USAR credentialing process effect medical specialty participation in Medical Readiness Training Exercises? 2) What are the challenges/issues USAR providers have with the current credentialing process? 3) Do other reserve services medical credentialing process offer advantages that could improve exercise participation for the USAR? 4) Does the current process need to change in order to maintain the available medical capabilities for USAR medical missions?

Procedures
1. The expected number of participants: *3-4 anticipated participants.*
2. The expected duration of the subject's participation: *Approximately 3 hours each.*
3. A description of any procedures which are research/experimental: *One-to-One Interviews; recorded via voice-recorder; discourse will be transcribed; transcription will be analyzed via Qualitative Data Analysis with NVIVO; trends will be identified and logic applied to meaning.*
4. In sequential steps, what will happen to the subject or what the subject will be directed to do: *The subject will only be required to answer question(s) and engage in discourse concerning USAR credentialing and any relation of such to MEDRETE and/or IRT participation.*
5. A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject: *No alternative procedures or course of treatment(s) that might be advantageous to the subject or otherwise.*
6. Conditions where the researcher might terminate the procedure: *Subject/participant is able to terminate the interview at any time nor will anything be asked of the subject/participant that would violate PII restrictions.*
7. This is an admonition not to discuss classified (for unclassified studies) information or potential violations of the UCMJ or criminal law.

Risks
The potential risks of the study in terms of the probability and magnitude (likelihood and severity) of harm is as follows: *There is overall little risk in terms of participation in this study and magnitude of effect is minimal. The existing risks are 1) Criticism of expressed opinion that might threaten position 2) The recording of Personally Identifiable Information*

Benefits
This is a research study and there is no expectation that you will receive any direct benefit from participation.

Compensation
Participants will not be compensated for their participation.

Confidentiality
1. *The confidentiality of records identifying the subject will be maintained on a secure electronic device and available for inspection by the Human Subjects Protection Office or a DoD designee.*
2. *Confidentiality for participants will be maintained through regulating individual and group access to data; de-identification or coding of data; secure storage of data, coding lists, and consent forms separately; destruction of original data after three years; nondisclosure agreements for third parties (such as transcriptionists or translators).*
3. All data obtained about you, as an individual, will be considered privileged and held in confidence; you will not be identified in any presentation of the results unless you wish so. Complete confidentiality cannot be promised to subjects, particularly to subjects who are military personnel, because information bearing on your health might be required to be reported to appropriate officials.
4. *Per DoDI 3216.02, "All data related to this study will remain secured for a period of not less than three years from the approval date for the research study."*

Page - 1 - of 2

Contacts for Additional Assistance

Contacts for answers to pertinent questions about the research, research subjects' rights, and whom to contact in the event of a research-related injury to the subject are:
1. *Principal Investigator – MAJ Dominic A. Payne at dominic.a.payne.mil@mail.mil.*
2. *Institution Review Board – Mrs. Bobbie Murray at bobbie.j.murray6.civ@mail.mil.*
3. *Contact Information of the CAC LD&E IRB Chair (Dr. Dale Spurlin at dale.f.spurlin.civ@mail.mil).*

Voluntary Participation

Participation in a research study is voluntary. Anyone who is asked to be in a research study may say no. No one has to become a research subject. If you start a research study, you may stop at any time. You do not need to give a reason. No one can discriminate against you or treat you differently if you choose not to be in a research study or later decide to stop your participation.

Statement of Consent

I have read this form and its contents were explained. I agree to be in this research study for the purposes listed above. All of my questions were answered to my satisfaction. I understand I will receive a signed and dated copy of this form for my records.

_____   ____/____/____
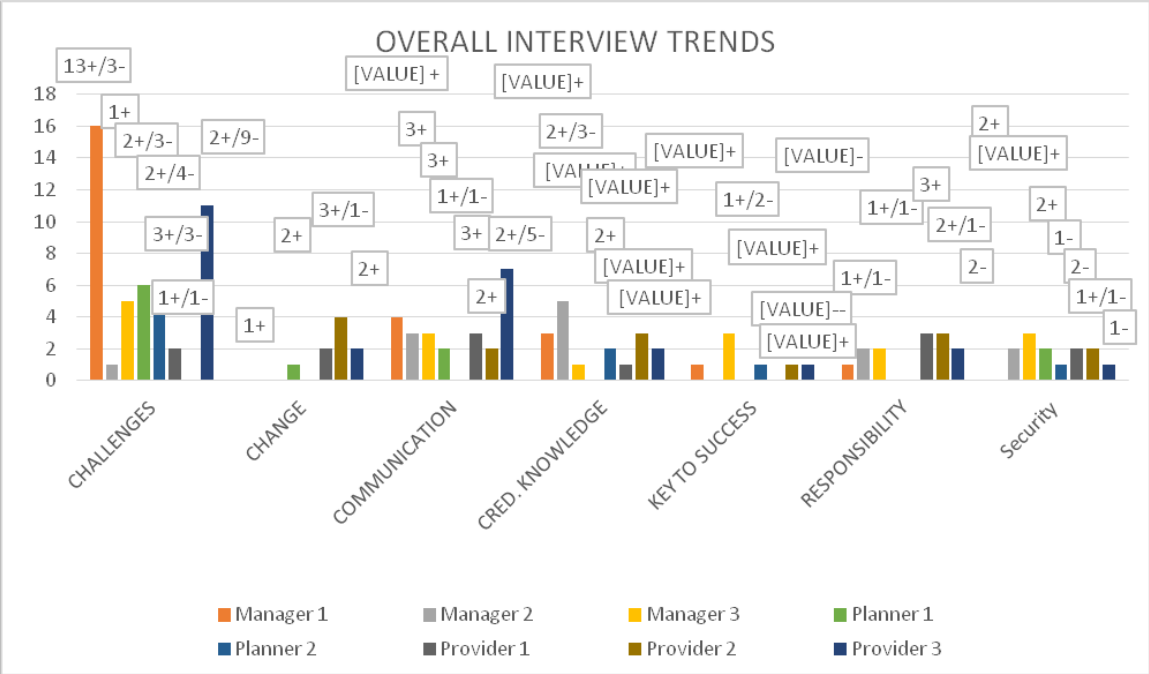**Signature of Research Subject   Date**

_____
Printed Name of Research Subject

_____   ____/____/____
Principal Investigator Signature Date

Source: CAC-E Institutional Review Board, CGSOC, Fort Leavenworth, Kansas

CONSOLIDATED INTERVIEW TRENDS

Source: Created by author.

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